Maternal and Child Health Services
Title V Block Grant

State Narrative for Wyoming

Application for 2011
Annual Report for 2009

Document Generation Date: Saturday, September 18, 2010

Table of Contents

I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

These documents are mainatined in the director's office at the Wyoming Department of Health (WDH) and are available upon request.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

During the MCH needs assessment process, MFH identified a large group of committed stakeholders willing to engage in bettering all MCH services in the state. These partners were asked to provide input on the Title V Block Grant application as well as the five year needs assessment document. An e-mail was sent to all stakeholders inviting them to visit the MFH website to review both documents. An e-mail address was created MFH@health.wyo.gov to receive comments on the documents. Documents were also saved on the Share Point website shared by stakeholders during the needs assessment process. In addition, Wyoming Department of Health (WDH) sent a press release to Wyoming media outlets notifying the public about the Title V Block Grant application and inviting them to review it. Unfortunately, despite these efforts, no comments were received.

II. Needs Assessment

In application year 2011, the 2010 Needs Assessment will be attached to this Section II.

An attachment is included in this section.

C. Needs Assessment Summary

The MCH priorities from 2005-2010 and the priorities from 2011-2015 are very different. The most probable influence on this change is the needs assessment process. For the last needs assessment, stakeholders were asked to identify the most important MCH issues through a survey and focus groups. Then, MFH staff members looked at the data related to identified issues and narrowed the list to the final eight priorities listed below.

Wyoming MCH Priorities 2005-2010

1. Care coordination services for the at-risk MCH population including first time mothers, women with high-risk pregnancies, women, and children with special health care needs (CSHCN).
2. Barriers to accessing health and dental care.
3. Incidence of low birth weight births in Wyoming.
4. Mental health service capacity for MCH population in Wyoming.
5. Preventable disease and injury in Wyoming children and youth.
6. Tobacco and other substance use in the MCH population.
7. Family participation and support in all MCH programs.
8. Women's pre-conception and inter-conception health.

During the current needs assessment process, MFH operated under the premise that the results of the needs assessment would guide the work of MFH from 2011-2015. Each step of the process helped MFH narrow the focus to the areas of greatest need, which led to a final selection of priorities. MFH focused on a life course perspective, which emphasizes the long-term impact early life events and exposures have on health, throughout the needs assessment process. Data books were provided to stakeholders before they were asked to identify the most important MCH issues. Population workgroups met twice to review the data and narrow the list of potential priorities. Key informant interviews provided important qualitative data. Information from the stakeholder retreats, key informant interviews and other sources were combined into comprehensive issue briefs for each of eighteen potential priorities. These priorities were then narrowed to the final list by the steering committee, which was comprised not only of MFH staff members, but other key health leaders. The strategic planning process assisted MFH in developing an action plan to address each of the priorities in a way that accounted for capacity and allowed resources to be allocated appropriately. The 2011- 2015 priorities are listed in life course order, since that was the lens used to determine the priorities.

Wyoming MCH Priorities 2011-2015

1. Promote healthy nutrition and physical activity among women of reproductive age.
2. Reduce the percentage of women who smoke during pregnancy.
3. Reduce the rate of teen births.
4. Support behaviors and environments that encourage initiation and extend duration of breastfeeding.
5. Promote healthy nutrition and physical activity among children and adolescents.
6. Reduce the rate of unintentional injury among children and adolescents.
7. Design and implement initiatives that address sexual and dating violence.
8. Build and strengthen capacity to collect, analyze and report on data for children and youth with special health care needs.

9. Build and strengthen services for successful transitions for children and youth with special health care needs.

Preterm birth was identified as a priority during the needs assessment process. Upon further discussion, MFH decided to make preterm birth an outcome measure for women's nutrition, maternal smoking and teen births (priorities 1, 2, and 3). From the 2005-2010 priorities, only two - preventable disease and injury in Wyoming children and youth and tobacco and other substance use in the MCH population- were continued but in a revised form: reduce the rate of unintentional injury among children and adolescents and reduce the percentage of women who smoke during pregnancy. Many of the risk factors and outcomes from the previous priority- incidence of low birth weight births in Wyoming- will now be addressed in: reducing the percentage of preterm births. The remaining priorities from 2005-2010 are very broad, making it hard to identify targeted interventions or to measure progress.

After much debate among the population workgroups, it was decided that the new priorities should be more specific in addressing particular MCH issues; this was accomplished through the selection of the current priorities. Stakeholders involved in the needs assessment process were provided with information to allow a thorough examination of each MCH issue.

The capacity of MFH to address the MCH priorities is very different in 2010 than it was in 2005 at the time of the previous needs assessment. In 2005, MFH was fully staffed, while in 2010, MFH is understaffed with one third of staff positions vacant. Both the MFH Section Chief and Children's Special Health (CSH) Program Manager positions are filled with interim staff members. There is currently no staff member to address child and adolescent health with the exception of the Interim CSH Program Manager, who is administering the Early Childhood Comprehensive Systems (ECCS) Grant. During the strategic planning process, MFH plans to rely on collaboration with key partners to implement identified strategies. It is imperative that strategies addressing the nine final priorities are implemented and evaluated. This will allow MFH to provide leadership to ensure that all Wyoming women, children and families, including those with special healthcare needs, have access to prevention services and public health programs to create a strong foundation for optimal lifelong health.

III. State Overview

A. Overview

Geographically, Wyoming is the ninth largest state in the United States (U.S.) spanning 97,670 square miles. The 23 counties that make up Wyoming, in addition to the Wind River Reservation (WRR), cover terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks along the Continental Divide, with each county larger than many East Coast states. Wyoming is bordered by six other states: Montana to the North, South Dakota, and Nebraska to the East, Colorado to the South, Idaho to the West, and Utah on the Southwest corner. These neighboring states play a significant role in the health of Wyoming's residents, as all persons needing tertiary care facilities are referred out of state.

Wyoming is classified as a rural state with a population density of 5.5 persons per square mile (U.S. Census Bureau 2009). It is the least populous state in the U. S. with an estimated population of 544,270. The state's population increased 10.2% between April 2000 and July 2009 (Economic Analysis Division 2009). Between July 2008 and July 2009, Wyoming saw its largest population growth (11,289 persons) since the oil boom ended in 1982, as well as the largest population growth rate in the nation (2.1%) (Economic Analysis Division 2010).

The two largest cities in Wyoming are Cheyenne and Casper (56,915 and 54,047 persons, respectively). These are the only two cities in Wyoming with more than 50,000 people. The counties where these cities are located are considered urban. Seventeen of the remaining counties are considered frontier with fewer than six persons per square mile, and the remaining four counties are rural.

Wyoming's population is predominantly White (93.9%), with other racial groups including American Indian (2.5%), Black (1.3 %), Asian (0.7 %), and Native Hawaiian/Pacific Islander (0.1 %) combined making up less than 5 % of the population. An estimated 7.7 % of Wyoming's population is Hispanic (U.S. Census Bureau 2009).
Children under the age of 17 years made up 24% of Wyoming's population in 2008. Between 2008 and 2009, there were 7,952 births and 4,237 deaths in Wyoming (Economic Analysis Division 2009).

According to the American Community Survey, 19.6% of Wyoming residents speak a language other than English at home, and 8.6% speak English less than "very well" (U. S. Census Bureau 2006-2008). Some translation services are offered through Medicaid, and WDH covers those services that are not covered by other programs. KidCare CHIP does not cover translation services.

In 2008, 9.1 % of Wyoming's population over the age of 25 had less than a high school education, 31.7 % had a high school or equivalent education, 36.0 % had a college level education (Associates degree), and 23.2 % had a Bachelor's degree or higher level of education (U.S. Census Bureau 2009).

Economy
In 2008, Wyoming's median income for a household of four was $53,207, which is slightly higher than the U.S. median household income of $50,303 (U.S. Census Bureau 2009; Economic Analysis Division 2010). Wyoming's median income for female-headed households with no husband present was $29,078. The Wyoming statewide unemployment rate in 2008 was 3.1 %, compared to 5.8 % nationally (U.S. Census Bureau 2009; Economic Analysis Division 2010). In 2008, 9.4 % of Wyoming residents had incomes below the Federal Poverty Level (FPL), which represents an 8.0 % increase from 2007; 13.2% of U.S. residents had incomes below the FPL (U.S. Census Bureau 2009). In addition, 16.1 % of Wyoming children ages 5-17 years were living below the poverty level in 2008, compared to 19.0 % in the U.S. (U.S. Census Bureau 2009; Economic Analysis Division 2010).

Health Care Access

In 2008, 86.4 % of Wyoming residents of all ages had health insurance coverage. Of these, 70.8% were covered by private health insurance and 28.5 % by government health insurance including Medicaid and Medicare. Among residents with insurance coverage, the majority of children (70.6 %) and adults 18 to 64 years of age (73.2 %) had employee-sponsored coverage. Children were more than twice as likely as adults 18 to 64 years of age to be enrolled in public coverage (29.7 % versus 13.4 %) (U.S. Census Bureau 2009). Pregnant women who are not citizens are not eligible for the EqualityCare (Medicaid) Pregnant Women Program (PWP) and are only eligible for emergency delivery services.

Wyoming has 23 hospitals (some provide only limited care), 19 rural health clinics, and four community health centers servicing the entire population. Both Cheyenne and Casper have access to University of Wyoming Family Practice residents, who see low-income clients as obstetrical and pediatric providers in those locations.

Community Public Health Nurses (PHNs) are heavily utilized as the front line of care and a referral source for WDH programs. Each county has at least one PHN office, with some counties having a satellite office. For example, Lincoln County has two PHN offices, one on each side of the Rocky Mountains that split the county roughly into two halves.

The Wyoming Health Council (WHC), a private non-profit healthcare administrative agency, assures access to comprehensive, high quality, voluntary family planning, as well as other healthcare services in Wyoming. WHC manages the Wyoming Migrant Health Program (WMHP) and funds family planning clinics at 27 sites throughout the state, with Title X and Title V supplemental funding. Clinics provide services to women including: gynecological exams and pap smears; breast and cervical cancer screening; anemia assessment; blood pressure evaluation; colorectal cancer screening in women over 40 years old; testing and treatment for sexually transmitted infection (STI) and Human Immunodeficiency Virus (HIV) ; the Preconception Health Project (PHP); pregnancy testing; and contraceptive supplies/methods on a sliding fee scale. Clinics provide the following services to men: reproductive health exams (including testicular exams); testing and treatment for STI and HIV; and information related to the national fatherhood initiative. Referrals, counseling, and education include all contraceptive methods, pregnancy diagnosis, and options counseling; genetic information and referral; infertility services; preconception and interconception care and education; nutritional counseling; and health promotion and disease prevention. Adolescent services encourage parental involvement in any decision-making processes.

The WMHP is also supplemented with Title V funds, and provides services to migrant and seasonal farm workers and their families in the Big Horn Basin, including Park, Washakie, Big Horn, and Fremont counties. The mission of the WMHP is to improve the health status of migrant and seasonal farm workers and their families through the assurance of high quality, primary and preventive healthcare services. The program offers primary healthcare, including diagnostic screening and testing; pharmacy services; gynecological care; hearing, vision and nutritional services; access to dental care and outreach services to approximately 800 workers and family members per year. WMHP collaborates closely with MFH, PHN, DFS, WIC, Head Start, Cent$ible Nutrition, and other community service and civic organizations.

Wyoming is the only state with no tertiary care centers for mothers and babies, therefore, those needing specialized services are referred to specialty clinics or neighboring states. At a minimum, the cities in other states providing specialty maternity and infant care including Denver, Colorado; Salt Lake City, Utah; Idaho Falls, Idaho; Billings, Montana; and Rapid City, South Dakota are visited annually. All tertiary care facilities are invited to a meeting to discuss available services in Wyoming. Nurses, neonatal nurse practitioners, case managers, discharge planners, perinatologists, neonatologists, lactation coordinators, and admissions coordinators are invited to the scheduled meetings.

Each year, CSHCN compiles a list of specialty clinics that will be held in Wyoming. This list is distributed to general and private practices around the state. Most of the clinics are held independently of MFH, but a few specialists receive travel reimbursement from MFH funds, and genetics clinics are organized and paid for with Title V funds. Very few pediatric specialists reside in Wyoming, so clinics must be staffed with specialists from other states. Clinics may cut down on travel time and cost associated with traveling. The size and terrain of the state, however, mean that some people may still travel hours through blizzards or over mountain passes to receive necessary services.

Public transportation may be an option within certain city limits; however, the services available vary by county. City governments in Casper, Cheyenne, Cody, and Jackson offer wheel chair accessible public transportation services for a fee. In addition, every county in Wyoming has at least one town with a senior citizen center. These centers offer wheel chair accessible public transportation free to individuals over 60 and for a fee for the general public. Each center operates differently; some provide transportation to the entire county, while others only travel within city limits. Fees vary between $1.00 and $4.00 per trip.

When longer travel to healthcare is required, MFH covers transportation using the same procedures as Medicaid reimbursing eligible families per mile and with a stipend. Medicaid, however, only covers one trip and pays for one parent accompanying a child. MFH picks up the cost of remaining trips or expenses and allows both parents to travel as needed. The Maternal High Risk and Newborn Intensive Care programs provide financial support for eligible pregnant women and infants to be transported to high-risk care out of the state. Travel expenses are also covered for the newborn's father to visit mom and baby at the tertiary care facilities.

In addition to a lack of specialist services, 17 of Wyoming's 23 counties are designated Healthcare Provider Shortage Areas (HPSA's) for primary care. In these areas, the ratio of population to primary care physicians exceeds 3500:1. As a result, an estimated 200,000 Wyoming residents are underserved with access to primary care.

There are Obstetrics and Gynecological specialists in the larger cities in Wyoming; however, most frontier counties may only have family practice coverage or no coverage. Additionally, there are some county hospitals that have limited ability to provide care, and delivery of infants is not available in some rural hospitals.

There are 11 low-income and one geographic Dental Health Professional Shortage Areas (DHPSA's) in Wyoming. In low-income shortage areas, there are not enough dentists serving the low-income population, and in the geographic shortage areas, there are not enough dentists for the entire county. An estimated 205,000 Wyoming residents are underserved for dental care.

A Community Oral Health Coordinators (COHC) project was implemented in 2007. Four dental hygienists were hired to cover eight pilot counties within Wyoming to provide screening services to children. Currently, there are seven dental hygienists covering thirteen counties. In addition to providing prevention services for children, the dental hygienists also participate in prenatal classes throughout the state to discuss the importance of oral hygiene during pregnancy and in infancy.

In 2009, the entire state of Wyoming was designated a Mental Healthcare Provider Shortage Area, indicating that all 544,270 Wyoming residents are underserved for access to mental health services.

The Wyoming Health Resources Network focuses on recruitment of healthcare providers to the state. There are many main reasons providers give for not moving their practice to Wyoming. Some providers have financial reasons; some prefer not to live in Wyoming; and some are concerned at the lack of job opportunities for their spouses.

Determining Priorities

The importance, magnitude, and value of Wyoming's MFH priorities are first identified through the five-year Title V Needs Assessment process. Planning for the Needs Assessment included establishing a leadership team and steering committee, as well as engaging stakeholders from around the state. Data from key informant interviews were also utilized to gather information for the assessment process.

Once priorities were identified, a mission statement was developed to guide MFH staff and partners through the strategic planning process. Stakeholder input was a crucial element for engaging the community and ensuring that state values align with those of the population. More detailed information is provided in the MCH Needs Assessment.

Current Priorities and Initiatives 2011-2015

MFH approaches its programs with a life course perspective. Healthy women can engage in healthy relationships leading to healthy babies and families. This principle governs the current programs offered and has led to the identification of ten guiding priorities.

1. Promote healthy nutrition and physical activity among women of reproductive age.
2. Reduce the percentage of women who smoke during pregnancy.
3. Reduce the rate of teen births.
4. Support behaviors and environments that encourage initiation and extend duration of breastfeeding.
5. Promote healthy nutrition and physical activity among children and adolescents.
6. Reduce the rate of unintentional injury among children and adolescents.
7. Design and implement initiatives that address sexual and dating violence.
8. Build and strengthen capacity to collect, analyze and report on data for children and youth with special health care needs.
9. Build and strengthen services for successful transitions for children and youth with special health care needs.

Proper nutrition and weight gain, as well as smoking cessation, can improve pregnancy outcomes. Reducing the rate of teen birth offers infants better health outcomes. Increasing the initiation and duration of breastfeeding improves health of both the infant and the mother. Promoting physical activity and nutrition and focusing on injury prevention gives children and adolescents the opportunity to grow and to thrive. Increasing the data capacity for CSHCN provides structural support and will help to identify needs in the CSHCN population. Focus directed toward improving transition services for CSHCN will better prepare those children and adolescents for the demands they may face in life. Decreasing sexual and dating violence empowers women and allows them to form healthy relationships and healthy families. Each priority addresses an unmet need in Wyoming and strives to create a more healthy state.

Economic Analysis Division. (2009). "Estimates of Wyoming and County Population: July 1, 2009 " Retrieved April 21, 2010, from http://eadiv.state.wy.us/.

Economic Analysis Division (2010). Campbell County's Population Grew the Fastest in 2009. S. O. WYOMING, D. O. A. A. INFORMATION and E. A. DIVISION. Cheyenne, WY.

Economic Analysis Division (2010). Wyoming 2010- Just the Facts! Wyoming Department of Administration and Information. Cheyenne.

U. S. Census Bureau. (2006-2008). "American FactFinder, 2006-2008 American Community Survey 3-Year Estimates " Selected Social Characteristics in the United States: 2006-2008 Retrieved March 20, 2010, 2010, from http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=04000US56&-qr_name=ACS_2008_3YR_G00_DP3YR2&-ds_name=ACS_2008_3YR_G00_&-_lang=en&-_sse=on.

U.S. Census Bureau. (2009). "Current Population Survey Annual Social and Economic Supplement." Retrieved March 24, 2010, from

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html.

B. Agency Capacity

The MFH Section, housed within the Community and Public Health Division (CPHD) of the WDH, is responsible for the administration of the Title V Block Grant. The mission of the division is to assure development of systems of health services for all Wyoming citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective, and efficient. In addition, the division has a goal of improving outcomes related to the health of all communities in the state.

The Wyoming Legislature has authorized the WDH to secure Title V funds in W.S. 35-4-401-403 and to operate MFH programs in support of public health and safety in W.S. 35-1-240 and 9-2-106. Key to the operation of MFH, Wyoming's Title V agency is the network of PHN offices located in each of Wyoming's twenty-three counties. MFH provides grant funding, committing nearly the full amount of Wyoming's Title V allotment of $1.2 million, to all 23 county PHN offices to provide MCH services. This fills a critical access gap ranging from family planning to care coordination for CSHCN.

PHN provide the majority of the local service delivery infrastructure by serving as the first contact for families who are in need of MFH services. They are involved in all stages of the life course from Perinatal care of mothers and infants to pre-admission screening for nursing home placement and a host of prevention and intervention activities in between. PHNs advocate for families by requesting services that families may be eligible for, but may not be aware of, such as MHR and NBMC programs, CSH, EPSDT or transportation reimbursement for medical appointments. The staff members are deeply embedded into their communities, including serving on interagency community councils and helping to build public health infrastructure at the local level.

On July 1, 2000, W. S. 35-27-101 through 35-27-104 became effective authorizing expansion of home visiting services to families with pregnant women and infants through age 2. Other vulnerable populations were designated as also benefiting from home visits, including premature infants, first time mothers, mothers who are incarcerated, or have substance abuse problems, and women who experience violence/abuse. In order to comply with this legislation, MFH provides funding to local PHN offices to implement two Perinatal home visitation programs.

Best Beginnings (BB) for Wyoming Babies provides care coordination and client-driven Perinatal services, education and referral to any pregnant or postpartum woman, and is offered in all 23 counties. The Nurse Family Partnership (NFP) Program is an evidence-based program designed to help parents have a healthy pregnancy and baby, and targets young, low income first-time mothers. NFP is offered in 14 Wyoming counties.

MFH funds WHC to expand the availability of family planning clinics within Wyoming and provide a repository for family planning data. WHC, the Title X designee, assures access to comprehensive, high quality, voluntary family planning services for men and women. Clinics offer contraceptive supplies on a sliding fee scale, as well as pregnancy testing to assist families in planning for an intended pregnancy. The funding includes implementation of a PHP whereby all women with a negative pregnancy test receive a packet of information on intendedness of pregnancy, several condoms, and a three-month supply of prenatal vitamins with folic acid. Through WHC, MFH provides supplemental funding to the federal funding received for the Wyoming MHP for translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Prenatal classes offered through PHN offices address the importance and value of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use during pregnancy. MFH researched several different opportunities to provide evidence based practice prenatal care teaching including breastfeeding initiation. Lamaze International was ultimately chosen due to their inherent support of holistic breastfeeding with prenatal teaching. Lamaze International trained nurses who provide prenatal classes in Wyoming in April and May 2010. This is the first step toward becoming Lamaze certified instructors. MFH offered 30 registration scholarships for clinical nurses and PHNs to attend one of two training opportunities within the state.

PHN office staff members promote proper weight gain during pregnancy for a healthy mother and baby through the Healthy Baby is Worth the Weight (HBWW) program. Educational materials are given to community providers to enable counseling on adequate maternal weight gain. The goal of the program is to decrease the number of low birth weight babies born in Wyoming due to inadequate maternal weight gain.

The Happiest Baby on the Block (HBB) is a program that empowers parents to soothe babies reducing parental stress. This program has several goals including improving breastfeeding continuation rates, improvement of paternal bonding and participation of the dad, which is linked to a decrease in Shaken Baby Syndrome (SBS). During the Calendar Year (CY) 2009, 52 HBB certification kits were provided by MCH to Wyoming nurses and other entities, including Indian Health Services (IHS).

The MFH and CPHD Epidemiology (EPI) sections co-managed the Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) project. The survey provides current information related to experiences of women before, during, and after pregnancy including accessing prenatal care and breastfeeding initiation and continuation.

MFH contracts with the Healthy Children Project (HCP) to provide a basic yearly Certified Lactation Counselor (CLC) and an Advanced CLC training alternate years. Advanced CLC training will be offered in May 2011. After this training, participants will earn the right to be referred to as an Advanced CLC (ACLC) or Advanced Nurse CLC (ANCLC). The class includes time with mother-baby dyads experiencing various barriers to breastfeeding, and students will be tasked with making suggestions for breastfeeding success. Scholarships will be made available to PHN who are approved to attend.

A statewide Breastfeeding Coalition was established early in 2009 as a partnership between Women, Infant and Children (WIC) Program, MFH, and local Wyoming facilities to support both initiation and continuation of breastfeeding to meet the Healthy People 2020 goals. It was launched in Casper in September 2009 with a one-day workshop presented by the HCP, "Encourage Breastfeeding in Your Community and Make It a Successful Experience." MFH also provided "Recent Research and Best Practices," a one-day workshop in Sheridan to assist the local hospital move toward a Baby-Friendly distinction. Nineteen PHN staff members, ten WIC staff members, and twelve clinical nurses from local hospitals were in attendance.

A proposal was presented to the WDH Management Council in January 2010 to approve a Breastfeeding Support in the Workplace (BSW) project for WDH-wide implementation. WDH would be a leader in the promotion of support for breastfeeding in the workplace. It was well received, and a final proposal was prepared for final approval.

MFH also helps to coordinate care at the community level for CSHCN. Because there are few specialty providers in Wyoming, MFH compiles a list of specialty clinics that will be held in Wyoming, and distributes the list to general and private practices and PHN offices around the state. Most of the clinics are held independently of MFH, but a few specialists receive travel reimbursement from MFH and genetics clinics are organized and paid for with Title V funds.

Because these services are available locally, parents decrease the time they are away from work, and travel expenses are reduced for families. To assist families who must travel for care, MFH provides travel benefits to include assistance to all families eligible for MHR, NBIC, and CSH programs.

MFH will explore opportunities to partner with stakeholders to address the issue of childhood obesity in Wyoming. One opportunity will be to work with the "WY Outside" Initiative serving as the mechanism for communication and coordination among involved agencies to support the overall health and well-being of youth and their families. The vision is to foster the mind, body, and spirit of youth and families by inspiring a long-term appreciation of the Wyoming outdoors through education, interaction, and adventure. This group includes representation from Wyoming State Parks and Cultural Resources, National Parks Service, United States Forest Service, United States Fish and Wildlife Service, Wyoming Bureau of Land Management, Wyoming Game and Fish Service, Wyoming Agriculture in the Classroom, Wyoming Tourism, and Wyoming Recreation and Parks Association. The focus population will include those who reside in Wyoming as well as those who visit the state. The first steps identified are to increase awareness and support of various projects undertaken by the involved agencies and incorporate support into all programs that work with youth and families. It is the goal within MFH to collaborate in the work of the WY Outside Initiative to support the needs of children and adolescents as they related to physical activity and nutrition.

CSH is a program for children with special health care needs requiring something beyond routine and basic care. CSH provides payment for specialty medical care and coordination of care for children with special health care needs who have one of the medically eligible conditions and meet financial eligibility. Covered services include care coordination, specialty medical care, some equipment and medications, lab/X-rays related to diagnosis, support services, and diagnostic evaluation to determine diagnosis.

The Newborn Metabolic Screening (NBMS) Program mandated by Wyoming Statute (W.S.) 35-4-801, provides for screening for inborn errors of metabolism and newborn hearing. Hospitals are assessed a fee for each initial metabolic and hearing screen they perform. The legislation mandates that the NBMS program within MFH and Early Hearing Detection Intervention (EHDI) provide parent education on the testing procedures and the consequences of treatment or no treatment.

MFH supports the Wyoming Lion's Early Childhood Vision Project with funds to purchase additional screening equipment and to continue screening activities. The purpose of vision screening is to prevent serious vision problems through early detection.

MFH partners with the Wyoming Early Childhood Partnership (WECP) and the WY Kids First Initiative to focus on the development of a comprehensive and collaborative early childhood system of quality-based early care and education, integrated family support services, and accessible and affordable healthcare. Three regional partnerships were formed with WECP grants in Natrona County, Sweetwater County, and the Wind River Indian Reservation. The purpose of these partnerships is to conduct local/community early childhood care needs assessments; facilitate filling gaps, and eliminating redundancies at the local/community level; provide local/community coordination, collaboration, and support for public and private entities involved in early childhood care; serve as a local/community clearing house for the distribution of local/community early childhood care information; and act as a liaison between the WECP and the community.

MFH has identified a curriculum that offers empowerment and civics skills to support parents and families in making desired changes for children. The curriculum, provided by Connecticut's Parent Leadership Training Institute (PLTI), is an evidence-based curriculum with proven positive outcomes for children, families, and the community. This 20-week class is designed to bolster family involvement and leadership skills, while promoting the lifelong health, safety, and learning

of children. The cornerstones of the program are respect, validation and a belief that when the tools of democracy are understood, the public will become active participants in communities. The initial pilot class in Laramie County will graduate in July 2010. MFH plans to continue limited support for the Laramie County initiative and implement PLTI in two additional counties in 2011.

The Family 2 Family Health Information Center (F2FHIC) was funded in May 2009. One of their primary functions is to assist families of CSHCN in making informed choices about healthcare in order to promote good treatment decisions, cost effectiveness, and improved health outcomes. MFH partners with the Wyoming F2FHIC to promote medical home, to build CSHCN service capacity, and to improve family support. The F2FHIC is available as a resource for families of CSHCN in Wyoming.

MFH is constantly working to improve cultural competency in its service delivery. The CPHD EPI section, which provides MCH epidemiology support to MFH, provides data with breakdowns by race, ethnicity, age, socioeconomic status, and rurality. The PRAMS survey, which collects data from women on their experiences before, during, and after pregnancy, oversamples women who are Hispanic and/or of a race other than White. This ensures that data are available for minority populations, who comprise a small percentage of Wyoming's overall population.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy", is an informational booklet created by the American Indian/Alaska Native Committee of the March of Dimes (MOD) West Region. Twelve tribes were included on the planning committee, including both major tribes represented in Wyoming, and were distributed through IHS and local county PHN offices to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum; the importance of early, consistent, and adequate prenatal care; nutrition during pregnancy; and the risks of substance use during pregnancy.

MFH seeks opportunities to collaborate with agencies, private organizations, families, and consumers who represent culturally diverse groups. During the MCH needs assessment, MFH included partners from the WRR, the Wyoming Office of Multicultural Health (WOMH), the WHC, which houses the Migrant Health Program (MHP), and a multitude of other stakeholders who serve a varied population. These partners played a key role in choosing Wyoming's MCH priorities for the next five years.

MFH and the CPHD EPI sections have taken small steps to work with the Rocky Mountain Tribal Epidemiology Center (RMTEC) and plan to build this relationship in hopes of sharing data and strategies to address American Indian populations in Wyoming.

Wyoming is unique in that our minority populations are primarily Hispanic (6.4%) and Native American (2.1%). Therefore, we direct the majority of minority services to the two counties in which most of the population resides, in Teton and Fremont Counties. EqualityCare has added translation services to their benefits. They are contracting with a private company that provides interpretation by phone for several languages and dialects, and local translators will be enrolled as available to receive payment for their services.

In addition to collaborating and coordinating with PHN, MFH has a long-standing history of networking and collaborating with state and local health and social service agencies. MFH utilizes a combination of federal and state funding in addition to fee collection for infrastructure development and capacity building at the community level to ensure local public health and safety net services are available for the MCH population.

Nursing staff shortages, ongoing budget cuts to the Title V program, and shifting local priorities make the expansion and strengthening of Title V programs difficult. Wyoming, and all other Title V programs, have been flat funded for a number of years, meaning that as the cost of goods and services increase, MFH has been forced to make budget cuts. Efforts to meet local needs, purchase additional materials/equipment useful to MFH programs and initiatives, and promotion

of collaborative partnerships at the local level continue to be stressed. In addition, state funds have been cut by more than 10% adding additional financial stress to an already overburdened system.

The State of Wyoming instituted a hiring freeze in 2009. Four MFH positions have been vacant for a period of time ranging from March 2008 to the present. These positions include the MFH Section Chief, the CSH Program Manager, the Early Child and Adolescent Specialist and the CSH Administrative Assistant. This has significantly impacted MFH's ability to work effectively to change outcomes for women, children and families in Wyoming.

As a result of these challenges, MFH has used the needs assessment process as an opportunity to be very focused regarding the efforts and initiatives undertaken to address priorities. MFH will engage in strategic planning from spring 2010 through fall 2010. This process will engage stakeholders in helping MFH to identify strategies to address the ten MCH priorities. Through this process, the work of MFH can be focused and efforts will be maximized in order to improve outcomes for the MCH population.

C. Organizational Structure

The Governor provides oversight for WDH, which is the primary state agency providing health and human services for the State of Wyoming. Programs are administered to maintain the health and safety of all Wyoming citizens, including 136,000 children under the age of 19. WDH has 1,544 authorized positions statewide for Fiscal Year (FY)2011; 163 of these positions are currently vacant, including four vacant positions in MFH. The WDH annual budget is over $779 million, with the MCH Title V federal allocation at $1.2 million.

WDH provides a wide scope of services, including public health and direct care functions. The Mental Health and Substance Abuse Division (MHSASD) administer the mental health system and substance abuse education and services system. MHSASD provides a specific focus on substance abuse issues for all populations, including pregnant women and families, maximizing resources to fight substance use and addiction (including tobacco). MFH is participating in the current strategic planning process for the Tobacco Prevention Section to assure women, children, adolescents, and CSHCN are addressed in the plan.

The Developmental Disabilities Division (DDD) provides funding and guidance responsive to the needs of people with disabilities to live, work, enjoy, and learn in Wyoming communities with their families, friends, and chosen support service and support providers. Beginning with early intervention and preschool programs, DDD also has responsibilities associated with the intermediate education unit, the adult developmental disabilities programs, and the Wyoming Life Resource Center (WLRC). DDD has worked closely with stakeholders, including participants, guardians, advocacy groups, providers, the State Medicaid Agent, and Centers for Medicaid and Medicare Services (CMS), to address gaps in the current service delivery system. Over the past year, the DDD has been working on the Support Options Waiver and the Comprehensive Waiver. The Division will renew the Child Developmental Disability (DD) Waiver, by adding the option to self-direct services, and amend the existing Adult and Aquired Brain Injury (ABI) waivers to included self-direction. Within the waivers, there have been several changes to existing services and new services have been added.

The CPHD, which houses MFH, provides a variety of public health and direct care services. Other sections in the division include Public Health Nursing (PHN), Epidemiology (EPI), Immunization (IMM), Oral Health (OH), and the Women, Infant and Children (WIC) Program. The Epidemiology (EPI) Section is funded by MFH and is utilized by all of CPHD.

The Preventive Health and Safety Division (PHSD) includes the Emerging Disease/Health Statistics Section, the Chronic Disease Section, the Communicable Disease Section,

Environmental Public Health, and the Public Health Lab.

Other offices and divisions within WDH include the Aging Division, the Rural and Frontier Health (RFHD) Division, Healthcare Financing, which includes Medicaid and Kid Care CHIP, the Office of Emergency Medical Services, and Public Health Preparedness.

The State Health Officer (SHO), Brent Sherard, M.D., M.P.H., F.A.C.P., the State Physician/EqualityCare Physician, James Bush, M.D., and the contract Interim State Dentist, Dr. James Bruce Whiting, D.D., serve all of WDH. Dr. Brent Sherard provides consultation to agency staff members regarding best practices, promotes and assists in establishing and maintaining standards of care, and provides consultation on needs and services to assist agency planning efforts. He also has legal responsibility to assure Public Health statutes are properly implemented throughout the state.

The State Physician/EqualityCare Physician, Dr. James Bush, provides oversight for MFH programs and ensures appropriate policy development and service delivery for this population. Additionally, the position provides consultation to EqualityCare and Kid Care CHIP regarding early childhood issues and provides guidance for the Governor's Council on Developmental Disabilities (GPCDD) and the Early Intervention Council (EIC).

Dr. James Bruce Whiting, D.D., the Interim State Dentist, provides dental oversight and consultation for the Dental Sealant, Marginal Dental, Fluoride Mouth Rinse, and Severe Crippling Malocclusion programs. Dr. James Bruce Whiting consults on other dental issues for programs within the WDH and provides leadership to the Cleft Palate Clinics, although management of the OH section remains within CPHD. The expanded duties of the State Dentist include recruitment of dentists to the state, legislative committee regarding reimbursement issues; committee work for dental school loan repayment; and coordination with community coalitions, the Dental Board, and the Wyoming Dental Association (WDA) to address access issues.

An attachment is included in this section.

D. Other MCH Capacity

The MFH Section of WDH consists of a network of state and local health and social service agencies. This network identifies the health needs, service gaps, and barriers to care for families and children and has planned community health and clinical services to meet those needs. As a community-based program, MFH uses a combination of federal and state funding to offer public health and gap filling direct services for the MFH population.

The following staff changes occurred during the annual report/application period:
Angela Crotsenberg continues to serve as the Interim MFH Section Chief, as well as the Epidemiology Section Chief. She has been in the interim position since January 2009. The Section Chief position has been posted, and interviews will be conducted in May and June of 2010.

Charla Ricciardi continues to serve as the Interim CSH Program Manager, as well as the CSH Program Supervisor. She has served in the interim position since January 2009. She also has assumed the duties associated with the ECCS grant.

The CSH Administrative Assistant position continues to be vacant. The position was frozen by the Wyoming Legislature in early 2010.

Breanne Devilbiss left her position as CPHD Epidemiology Administrative Assistant in September 2009, and Robyn Fincher was hired as temporary staff to fill the position in October 2009.

Linda Catlin resigned her position in August 2009, and Kari Fictum was hired into the PRAMS

Data Manager position in September 2009.

Liz Mikesell resigned as the Early Child and Adolescent Program Specialist in January 2010, and the position is currently vacant. Rose Wagner was hired as a temporary employee in February 2010 to help MFH with child and adolescent programs and projects.

Sarah Hindman was hired as an MFH intern in February 2010 after completing her Bachelor's degree in Biomedical Sciences. She has been involved in various MFH and Epidemiology projects.

Karen Ouzts resigned as a PHN Regional Supervisor in February 2010, and Linette Johnson, MCH Program Consultant, was promoted to the Interim PHN Regional Supervisor position in March 2010. Karen Meyer and Sue Smith, who were hired regionally to assist PHN staff with MCH issues, are both covering the MCH Program Consultant position.

Donna Griffin has announced her retirement as the Chief Nurse Executive and Section Chief of the Public Health Section, effective July 2010.

Dr. Grant Christensen left his position as the Medicaid Dental Officer/Staff Dentist in March 2010. The position is now the State Dentist, being filled by an interim contract dentist, Dr. James Bruce Whiting, D.D.S.

The Office of Multicultural Health (OMH) Section Chief, Betty Sones, resigned in March 2010, to take a position in the Aging Division. Lillian Zuniga filled the Section Chief position in April 2010.

The CPHD Administrator took leave using the Family Medical Leave Act (FMLA) on April 1, 2010, and returned to part-time status in June. The Oral Health (OH) Section Chief was the acting CPHD Administrator in her absence.

There are currently two MFH staff members who are parents of CSHCN.

MFH program staff members and their duties are described below.

Angela Crotsenberg, M.S., serves as the Interim Maternal and Family Health Section Chief and the CPHD Epidemiology Section Chief. Ms. Crotsenberg provides lead supervision, guidance, and direction to MFH staff members and serves as the State Director for the MCH Services Block Grant (Title V). This position includes information processing, planning, policy development, directing administrative processes, managing personnel, overseeing the budget of state and federal funds of approximately $7 million per biennium, evaluating programs, and coordinating with the PHN Chief Nurse Executive for statewide MFH services in 23 county PHN offices. This position is also responsible for coordinating education and coalition activities of MCH stakeholders and providers across Wyoming. This individual determines the technical direction of MFH programs, and formulates, recommends, and implements changes to integrate information technology (IT) within MFH programs. This position provides consultation to community stakeholders to improve and/or design services for MCH populations, and has responsibility for MFH programs to include Family Planning, Women's Health, MHR, NBIC, NBMS, Genetic Services, Maternal and Infant Home Visitation, ECCS, Children's Health, Adolescent Health, and CSH. As Epidemiology Section Chief, Ms. Crotsenberg coordinates the data portion of the MCH comprehensive needs assessment every five years to monitor health of mothers, children, and youth in the state; collects and analyzes data; responds to inquiries from the media, community health planners, legislators, and advocacy groups; designs studies for MFH issues; monitors progress toward national and state performance objectives; provides data to support policy changes; assists in the evaluation of all CPHD initiatives; and provides guidance to the Wyoming PRAMS Project.

Debra Hamilton, MSN, RN, CCM, CRRN, CNLCP, CLC, serves as the Office on Women's Health

Coordinator and the Women and Infant Health Coordinator. She is the central point of contact for medical and statistical information, expertise, and assistance in improving the health status of Wyoming's women. Ms. Hamilton implements learning opportunities to provide updated education on women's health issues in this federally mandated, unfunded position. In her role as Women and Infant Health Coordinator, Ms. Hamilton is responsible for the development of comprehensive, coordinated, community-based systems of perinatal services to assure access for prenatal care, including financial assistance for mothers and newborns receiving care at tertiary care centers, and coordinated services appropriate for pregnant women and their families during the critical perinatal period. She manages the Best Beginnings Program, Maternal High Risk, NBIC, and Family Planning Programs and provides medical review for MHR, NBIC, and CSH clients. Ms. Hamilton serves as the Principal Investigator for the PRAMS Grant, and is the point of contact for Sudden Infant Death Syndrome (SIDS), SBS, HBWW, breastfeeding initiation and continuation, and fetal and infant loss. She is the coordinator for nurse professional contact hours and training. Ms. Hamilton contracts with public and private partners through WHCl, the Title X agency, to ensure access to community-based family planning services in all counties, implement the national fatherhood initiative, and augment the state's Title X family planning grant. She manages the PHP implemented through family planning clinics and MHP.

Charla Ricciardi, B. Ed, serves as the Interim CSH Program Manager, the CSH Program Supervisor, and the Coordinator of the Wyoming ECCS Grant. As the CSH Program Manager, Ms. Ricciardi provides technical assistance to public and private sector efforts enhancing early screening and treatment for CSHCN. She promotes infrastructure for the transition of adolescents with special healthcare needs into adult services and the workforce. As CSH Program Supervisor, Ms. Ricciardi oversees a staff of four benefits and eligibility specialists and supervises the coordination of care and services for the CSH Program, NBMS Program, and the Wyoming Genetic Services Program. In her role as the ECCS Coordinator, Ms. Ricciardi works to develop a comprehensive statewide early childhood strategic plan to support young children, their families, and their communities. She leverages funding to develop infrastructure to support strategies under development including specific roles for parents, advocates, policy makers, and legislators.

Carleigh Soule serves as the Benefits and Eligibility Specialist and coordinates the Wyoming NBMS Program and the Wyoming Genetic Services Program. For NBMS, Ms. Soule coordinates the provision of metabolic screening materials to screening facilities; utilizes a data system to track testing, diagnosis, and interventions; and provides program quality assurance. For Genetic Services, she coordinates clinic logistics, schedules clients and performs other functions to assure that clients/families gain a clearer understanding of inherited/genetic conditions and other birth defects, as well as the risk of occurrence and recurrence.

Three Benefits and Eligibility Specialists, Vicky Garcia, Paula Ray, and Sheli Gonzales, provide care coordination for clients of the CSH program. They determine program eligibility and coordinate services for CSH, MHR, and NBIC.

The Early Child and Adolescent Coordinator position is vacant. This position is responsible for ensuring, planning, implementation, and evaluation of health programs for children and youth ages one to 24 years to ensure overall emerging health issues for these populations are incorporated into the activities of WDH. This includes writing grant applications and managing applicable cooperative agreements and grants focusing on child and adolescent health. These grants provide outside funding and support to enhance programming efforts for the focus population. This position also plans and implements programs to address national and state performance measures addressing child and adolescent health as outlined in the MCH Title V Block Grant. The position designs and implements technical assistance, outreach, and training for local agencies and organizations serving children and adolescents in Wyoming. Creating and sustaining successful and productive working relationships with other partners, agencies, and organizations that focus time and resources on children and adolescent health issues is also a key function of the position.

LaVerna Adame is the Fiscal Specialist for MFH. In addition to administering the Title V Block Grant funds, she provides fiscal management for all MFH programs.

Lynne Moore provides administrative support for MFH.

Other programs supported with Title V funds include WIC, PHN, and OH. MFH funds dental sealants orthodontic and other services to under-served children. MFH funds annual Certified Lactation Consultant (CLC) training for WIC and PHN staff members. MFH and WIC collaborate closely on the BSW project. MFH funds one-half of the salary for an MFH Program Coordinator in PHN. MFH also pays for registration and travel expenses for nurses to attend trainings such as NFP training, CLC, and Lamaze.

An attachment is included in this section.

E. State Agency Coordination

MFH has a long-standing commitment to community-based systems development. County capacity grants include measurable outcomes and are based on a funding formula to allow more equitable distribution of Title V funds to local communities.

The MFH Section coordinates with many state, county, local agencies, and organizations to improve the health outcomes of the MFH populations. A few highlights of coordination within the CPHD include:

Women, Infants and Children (WIC) Section: WIC is a key partner with MFH in the Breastfeeding Support in the Workplace (BSW) initiative. WIC is also partnering with MFH to publicize the text4baby program. Future collaborative efforts with WIC include the strengthening of existing referrals to all MFH programs. Research demonstrates early contact and referral through WIC offices can be one of the most successful entry points for clients eligible for the nurse home visiting programs offered in Wyoming.

Oral Health (OH) Section: Collaboration with OH continues to strengthen Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screenings, including dental exams and fluoride varnish applications. The Community OH Project was implemented in 2007. Four dental hygienists were hired to cover eight counties within Wyoming, to provide screening services to children within the eight pilot counties. Currently, there are seven dental hygienists covering thirteen counties. The hygienists also participate in statewide prenatal classes to discuss the importance of oral hygiene during pregnancy and in infancy.

MFH continues to provide support staff at Cleft Palate Clinics to interview families about their needs and the adequacy of resources. MFH collaborated with other CPHD sections to provide funding and other materials for the informational bags handed out to children participating in the 2008-2009 Oral Health Study of Wyoming third graders around the state.

Public Health Nursing (PHN) Section: PHN implements quality assurance measures throughout the state in all PHN programs, evaluating the standards of care, documentation, and training needs of staff members. Results are analyzed by PHN, and a work group examines results to strengthen program implementation. Evidence-based standards of practice for MCH services at the individual, community, and system levels of care continue to be developed. The standards directly link to quality/outcome indicators, as well as the state and national performance standards. The first of the standards completed was the Premature Infant Standards. They were presented at a Premature Infant Training in Lander from April 21 to April 23, 2009. The preconception and prenatal standards are the next to be developed and implemented. PHN also coordinates PHN services delivered through local PHN offices across Wyoming. PHN advocates

for families by requesting services for those who may be eligible for programs, are not aware of, such as EPSDT.

Immunization (IMM) Section: The IMM Section will continue to strengthen collaborative efforts with MFH to improve immunization rates among Wyoming children and adolescents and to increase participation in the Wyoming Immunization Registry (WyIR).

Coordination with other WDH divisions: MFH coordinates and collaborates with other divisions in WDH. PHSD staff members participated with MFH in the initial meeting of the physical activity and nutrition work group. PHSD and other divisions including DDD (Parts B and C, and EIC), and the MHSASD participated in the MCH needs assessment.

Medicaid/EqualityCare: MFH and OH staff members have collaborated with EqualityCare to address the low reimbursement rate for the preoperative planning time required for orthognathic surgery. Other discussions have ensued regarding the small number of dentists in Wyoming, especially dentists who care for EqualityCare and special needs clients.

Beginning in July 2008, non-citizens were no longer eligible for the PWP, other than emergency delivery services. A project piloted in Teton County, where a large number of undocumented non-citizens work in the service industry, addressed this issue with Centering Pregnancy. The model uses a group prenatal visit curriculum in which pregnant women have individual time with the provider, and develop a support group among themselves. Relevant gestational age topic is presented and discussed at each group meeting. This model is especially important in Teton County, where providers are require a $1,000 deposit in order to begin prenatal care.

The Pregnant by Choice (PbC) waiver was approved by CMS for women ages 19 to 44. This waiver requires women eligible for EqualityCare to apply within 60 days of delivery to extend family planning services from six weeks to one year. Women must apply annually for PbC to continue access to FP services for as long as they are eligible for EqualityCare.

Kid Care CHIP (Children's Health Insurance Program): Kid Care CHIP is Wyoming's State Children's Health Insurance Program. The program provides health insurance to uninsured children in families with income up to 200% of FPL. Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. MFH and PHN staff members follow up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued. Families applying for EqualityCare and Kid Care CHIP who have a child with special health care needs are referred to MFH to determine eligibility for MFH services. Referrals continue to be shared among EqualityCare Case Management contractor (APS), CHIP, and MFH. MFH participates with Kid Care CHIP in networking with communities throughout the state to inform residents about available MFH and EqualityCare programs.

Kid Care CHIP covers family planning services for eligible women up to age 19 as long as they remain eligible.

Rural and Frontier Health Division (RFHD): The Division and the Wyoming Healthcare Provider Loan Repayment Program offer ways to recruit new providers to the state. The Office of Multicultural Health (OMH), with a multi-disciplinary team of state and community partners focuses on the improvement of healthcare services for Wyoming's underserved and minority populations.

Wyoming has no tertiary care centers for pregnant women or infants and few obstetric or pediatric specialists. Therefore, the following tertiary centers provide critical access to healthcare for our most at-risk families: Children's Hospital, the University of Colorado Health Sciences Center and Presbyterian-St. Luke's in Denver, Colorado; Primary Children's Medical Center, the University of Utah Hospital, McKay-Dee Hospital, and Shriners Hospital in Salt Lake City, Utah; St. Vincent's

Hospital in Billings, Montana; Eastern Idaho Regional Medical Center in Idaho Falls, Idaho; and the Regional Medical Center in Rapid City, South Dakota. Denver tertiary care providers also provide satellite clinics to Wyoming residents. MFH has established and maintains strong relationships with these tertiary care centers. MFH, PHN, EqualityCare, and Part C staff members coordinate visits to tertiary care hospitals to educate facility staff members about Wyoming programs.

MFH supports and markets specialty outreach clinics to provide awareness to families and PCPs needing these services. Bringing specialists to Wyoming provides much needed specialty care closer to home, saving parents time, travel, and expenses.

MFH strives to empower and involve parents. Wyoming's F2FHIC assists families of CSHCN in making informed choices about healthcare in order to promote good treatment decisions, cost effectiveness, and improved health outcomes. MFH partners with the Wyoming F2FHIC to promote a medical home, to build CSHCN service capacity, and to improve family support. The F2FHIC is available as a resource for families of CSHCN in Wyoming.

MFH has implemented the Parent Leadership Training Institute (PLTI), a program that offers empowerment and civics skills to support parents and families in making desired changes for children. The evidence-based curriculum, provided by Connecticut's PLTI program, has proven positive outcomes for children, families, and the community. The cornerstones of the program are respect, validation, and a belief that when the tools of democracy are understood, the public will become active participants in communities. The initial pilot class in Laramie County will graduate in July 2010. MFH plans to continue limited support for the Laramie County initiative and implement PLTI in two additional counties in 2011.

MFH emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. A part of the promotion of well-child checks is to educate the families on what to expect from a medical home. Some CSHCN do not receive regular well-child checks due to the number of specialty visits that are required. MFH emphasizes the importance of well-child checks in addition to specialty care visits. MFH and EqualityCare-eligible clients not accessing services or following through with treatment plans are referred to PHN for intervention. PHN and MFH staff members use letters and intervention to encourage families to obtain well-child checks.

MFH staff members have participated on the Wyoming Total Health Record (THR) Advisory Board for EqualityCare's electronic medical record initiative. Wyoming has a contractor who is now working on the development and implementation phase of the THR. Once completed, the THR will support the medical home model and provide tracking for EPSDT.

MFH staff members have participated in a work group to assist the DFS with the Foster Care Health Oversight and Coordination Plan. A subgroup has been working to streamline the referral and health care case management process for children and youth in DFS custody. This process included developing a referral process and assessment tool, which is consistent regardless of who is providing the nurse case management (MFH/CSH or APS Healthcare) and plan of care for children in foster care; EPSDT schedule was utilized to determine when children should have physical, dental, and mental health screenings/exams.

F. Health Systems Capacity Indicators

Introduction

One way Wyoming is building health systems capacity is through the State Systems Development Initiative (SSDI). Since the beginning of the current SSSDI project in December 2006, significant progress has been made in the effort to link data systems within the Wyoming Department of Health (WDH). Birth data from Wyoming Vital Statistics Services (VSS) were

successfully linked with Newborn Metabolic Screening (NMS) laboratory results in May 2008, and a data tracking system was implemented for these matched records in March 2010. This system provides reports identifying children who have a birth record but have not received a metabolic screen. Prior to the linkage and development of the tracking system, these functions were performed by hand matching most records. These efforts have saved thousands of staff hours, which are now used to improve the newborn metabolic screening processes.

The MFH Section also completed and implemented a new data system that combines data from four programs, Children's Special Health (CSH), Genetics, Maternal High Risk (MHR), and Newborn Intensive Care (NBIC).

Finally, progress has been made in the initial steps toward developing a birth defects surveillance system in Wyoming. A contract epidemiologist was hired to lead the effort.

WIC is currently working to build a new data system. Data from the current system are only available as paper reports, and WIC data must be hand counted.

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	30.6	30.6	30.6	29.8	26.7
Numerator	95		110	104	102
Denominator	31065		35890	34876	38253
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
The numerator is from the Hospital Discharge Database (now under a new contractor) using primary diagnosis codes 493.0 - 493.9; the denominator is from 2009 Census estimates. Numerator data for 2008, reported 2010 Application was corrected due to data system error from 258 to 104 Asthma hospitalizations.

Notes - 2008
The numerator is from the Hospital Discharge Database (now under a new contractor) using primary diagnosis codes 493.0 - 493.9; the denominator is from 2008 Census estimates.

Notes - 2007
The Numerator is from the Hospital Discharge Database (now under a new contractor) using primary diagnosis codes 493.0 - 493.9; the denominator is from 2007 Census estimates.

Narrative:
In state Fiscal Year (FY) 2008, Wyoming's rate of children hospitalized for asthma who are less than five years of age was 26.7 per 10,000. This was not a statistically significant change from the FY2007 rate of 29.8 per 10,000.

Wyoming currently does not have a program that addresses childhood asthma. Hospital

discharge data are available from Wyoming's Hospital Discharge Database. Data for asthma prevalence in children are also available from the Wyoming Behavioral Risk Factor Surveillance System (BRFSS) childhood module conducted every other year.

The School Nurse Survey of Asthma Prevalence in Wyoming Public School Children was conducted in 2003, 2005, and 2007. This survey consists of a one-page form sent to the school nurse at each Wyoming public school. Nurses were asked for the total number of children in the school diagnosed with asthma or reactive airway disease, the number who use asthma medication at school, and the type of asthma medication used. The survey was completed in 2003 with a response rate of 76.5%, and found overall asthma prevalence among school-aged children to be 6.92%.

In 2005, the School Nurse Survey was repeated with questions added regarding: pediatric diabetes, schools' policies for handling asthma attacks, diabetic emergencies, and the accommodations made during athletics or physical education classes for students with asthma and diabetes. The survey was completed in 2006 with a response rate of 77.1%, and found overall asthma prevalence among school-aged children to be 7.2%, an increase from 2003. Prevalence from the School Nurse Survey has been consistent with prevalence found in the BRFSS Childhood Asthma Module.

The School Nurse Survey of Asthma and Diabetes in Wyoming public school children was repeated in the 2007-2008 school year with questions added regarding: pediatric diabetes, emergency service response time, school nurse coverage, and schools' policies for training staff members to handle asthma attacks and diabetic emergencies. The survey was completed with a response rate of 79%, and found overall asthma prevalence among school-aged children to be 7.4%, a slight increase from 2005.

The Wyoming Asthma Website provides information on asthma, asthma management, and air pollution. This website is currently active at http://asthma.wyoming.gov and displays several links to resources and reports.

As a result of the recent MCH needs assessment, childhood asthma was not chosen as an MFH priority for the next five years.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	87.0	86.1	86.4	87.7	91.1
Numerator	3616	3610	3647	3558	3826
Denominator	4155	4195	4222	4056	4201
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
The data is from Medicaid for Federal FY2009 (10/1/08 - 9/30/09).

Notes - 2008
The data is from Medicaid for Federal FY2008 (10/1/07 - 9/30/08).

Notes - 2007
The data is from Medicaid for Federal FY2007 (10/1/06 - 9/30/07).

Narrative:
In FY2009, 91.1% of EqualityCare enrollees less than one year of age received at least one initial periodic screen. This is a significant increase from the FY2008 percentage of 87.7%.

MFH seeks to improve the percentage of Medicaid enrollees less than one year of age who receive at least one initial periodic screen by emphasizing early screening and treatment to increase the child's ability to reach optimum health. One reason for the promotion of well-child checks is to educate families about what to expect from a medical home.

As a result of pediatricians being unevenly distributed throughout Wyoming, family practice physicians being overloaded, and inherent geographical challenges, developing a true medical home model in Wyoming is extra challenging. Families are encouraged to have one PCP, and PHNs, and other community resources carry out some of the functions of a medical home. MFH emphasizes the importance of well-child checks in addition to specialty care visits. MFH and EqualityCare-eligible clients not accessing services or following through with treatment plans are referred to PHN for intervention.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This allows families to have a payment source for well-child checks. Using letters and intervention by PHN and MFH staff members encouraged families to obtain well-child checks. Qualified non-citizens continue to be eligible for services, while undocumented non-citizens are ineligible.

MFH, PHN, EqualityCare, and Part C staff members coordinate annual visits to tertiary care facilities to educate staff members about Wyoming services. This helps to ensure Wyoming families are referred to WDH programs.

MFH participates with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming residents to be informed about MFH, EqualityCare, and CHIP programs that are available.

MFH staff members have participated on the Wyoming Total Health Record Advisory Board for EqualityCare's electronic medical record initiative. Wyoming has a contractor who is now working on the development and implementation phase of the Total Health Record (THR). Once completed, the THR will support the medical home model and provide tracking for EPSDT.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	21.8	38.6	65.7	64.3	64.5
Numerator	46	17	44	54	40
Denominator	211	44	67	84	62
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is					

fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
ICD 9 codes (V20.2) were used to determine numerator

Notes - 2008
ICD 9 codes (V20.2) were used to determine numerator

Notes - 2007
ICD 9 codes (V20.2) were used to determine numerator

Narrative:
In FY2009, 64.5% of Kid Care CHIP enrollees less than one year of age received at least one initial periodic screen. This is not a significant change from 64.3% in FY2008.

Kid Care CHIP is Wyoming's State Children's Health Insurance Program (CHIP). Kid Care CHIP provides health insurance to uninsured children in families with income up to 200% of the Federal Poverty Level (FPL). Eligibility for CHIP is determined by the WDH Kid Care CHIP Program.

MFH seeks to improve the percent of Kid Care CHIP enrollees less than one year of age who receive at least one initial periodic screen by emphasizing early screening and treatment to increase the child's ability to reach optimum health.

Part of the reason for promoting well-child checks is to educate families about what to expect from a medical home. WDH is working to increase the number of Wyoming children who have a medical home, but the process is challenging. Pediatricians are unevenly distributed throughout the state, and family practice physicians have high caseloads. Wyoming also has inherent geographical challenges. Families are encouraged to have one PCP, with PHNs and other community resources helping to carry out some of the functions of a medical home. Clients eligible for MFH who are also eligible for EqualityCare or Kid Care CHIP not accessing services or following through with treatment plans are referred to PHN for intervention.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This allows more families to have a payment source for well-child checks.

MFH, PHN, EqualityCare, Kid Care CHIP, and Part C staff coordinates annual visits to tertiary care facilities to educate staff about Wyoming services. This helps to ensure Wyoming families are referred to WDH programs.

MFH participates with Kid Care CHIP in networking with communities throughout the state. This allows Wyoming citizens to be informed about MFH, EqualityCare, and CHIP programs.

MFH staff members have participated on the Wyoming THR Advisory Board for EqualityCare's electronic medical record initiative. Wyoming has a contractor who is now working on the development and implementation phase of the THR. Once completed, the THR will support the Medical home model and provide tracking for EPSDT.

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	67.4	60	60.0	66.8	65.2
Numerator	4877		4569	5229	5327
Denominator	7231		7616	7832	8164
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
This data is from 2008 Wyoming Vital Statistics Service

Notes - 2008
Wyoming began using the new birth certificate in 2006. Because the data for when prenatal care began is collected differently on this birth certificate, the Kotelchuck Index must also be calulated differently than before. Wyoming Vital Records Service has no epidemiologist; as a result, this indicator is not yet available.

Narrative:
In birth year 2008, 65.2% of women ages 15 to 44 years with a live birth, had an observed to expected prenatal care visits ratio greater than or equal to 80% on the Kotelchuck Index. This is a significant decrease from 66.8% in birth year 2007.

Not all Wyoming communities have providers to care for pregnant women, and some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

PHN staff members offer perinatal home visiting and provide individual and group prenatal assessment and referral as early as possible in a woman's pregnancy. PHN staff members assist with applying for EqualityCare's PWP and referrals are made to Kid Care CHIP. Prenatal vitamins are made available for women who do not have the resources to purchase prenatal vitamins, either preconceptually or prenatally.

In some counties, providers require a substantial payment prior to receiving prenatal services, results in an increased number of pregnant women not receiving adequate prenatal care and many not receiving any prenatal care.

PHN prenatal classes address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain), and risks of substance use in pregnancy. MFH contracted with Lamaze International to provide training to clinical and PHNs to assure prenatal classes presented in Wyoming are evidence-based.

Annual visits are conducted at hospitals in Denver, Colorado; Salt Lake City, Utah; Billings, Montana; Idaho Falls, Idaho; and Rapid City, South Dakota, to assure the Wyoming families who access tertiary care are referred to MFH for follow-up services.

MFH promotes family-centered services through MHR and NBIC, by providing reimbursement for fathers to visit mothers and babies receiving care out of state. "Plan for the Unexpected When You Are Expecting" placards are distributed to pregnant women at 20 weeks gestation, offering suggestions about how to prepare for transport out of state for specialty care.

The HBWW project assures providers are aware of the risk of inadequate weight gain during pregnancy. Women Together for Health (WTH), a program that encourages healthy lifestyles for women, with emphasize maintaining a healthy weight preconceptually.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and the importance of prenatal care.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	73.2	84.0	83.7	82.7	82.8
Numerator	38168	43692	42683	41703	41946
Denominator	52156	52026	50972	50431	50629
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
This represents updated Medicaid data from 2008 for children ages 1-22 years.

Notes - 2008
This represents updated Medicaid data from 2007 for children ages 1-22.years

Notes - 2007
This represents updated Medicaid data from 2006 for children ages 1-22 years.

Narrative:
In 2008, 82.8% of EqualityCare-eligible children ages one to 22 years received an EqualityCare service. This is not a statistically significant change from the 2007 estimate of 82.7%.

MFH seeks to improve the percent of potentially Medicaid-eligible children who have received a service paid for by the EqualityCare Program. The Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents is utilized by Wyoming providers. MFH partners with PHN and promotes well-child visits and medical home.

Families are now able to apply for Kid Care CHIP online at http://healthlink.wyo.gov or at any of ten different PHN offices where application computers are available.

The Wyoming ECCS Grant includes medical home as one of the focus areas for promoting improvement and coordination in services for young children and their families.

MFH staff members partner with other state agencies on the Foster Care Health Oversight Committee to promote and improve the access to and implementation of EPSDT for children in foster care across the state.

MFH staff members obtain and review medical records to assess medical eligibility for MFH programs. Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming

eligible for MFH services. This allows families to have more comprehensive healthcare coverage. Through care coordination, MFH and PHN staff members identify and assist non-EqualityCare providers with Medicaid enrollment.

MFH and PHN staff members perform client chart reviews to promote quality assurance and to ensure clients are receiving appropriate services through their medical home and specialty provider(s).

MFH and PHN staff members inform clients of transportation services that are available to families who are eligible for EqualityCare.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	47.6	48.7	49.4	49.8	54.2
Numerator	4898	5018	5029	5018	5936
Denominator	10295	10308	10170	10078	10960
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
This Medicaid data is from Federal FY2009 (10/01/08 - 09/30/09).

Notes - 2008
This Medicaid data is from Federal FY2008 (10/01/07 - 09/30/08).

Notes - 2007
This Medicaid data is from Federal FY2007 (10/01/06 - 09/30/07).

Narrative:
In 2009, 54.2% of EPSDT eligible children ages 6 to 9 years of age received a dental service. This percentage represents a statistically significant increase from the 2008 estimate of 49.8%. This percentage has consistently increased since 2004.

MFH has historically provided OH with funding for dental sealants in children. This practice will continue as budgets allow. MFH collaborated with OH to conduct a dental sealant survey in school year 2008-2009, and in 2009-2010. In 2008-2009, 56.6% of third graders screened had protective sealants, and in 2009-2010, 49.1% of Wyoming third graders have dental sealants on at least one permanent molar.

OH conducts dental screening programs in schools and preschools. Parents were informed of any dental care needs, and school nurses provided follow-up.

OH's Marginal Dental Program serves low-income children, birth to 19 years, who are not enrolled in any other assistance programs. Marginal Dental also provides services for children

who have reached their financial cap or who need care that is not a covered benefit of KidCare CHIP. The program provides dental sealants and fluoride treatments for children.

OH provides supplies and technical assistance for school fluoride mouth rinse programs in communities that have low levels of fluoride in the drinking water. OH provides technical assistance to community leaders regarding fluoridation issues.

OH supports the work of Wyoming dentists and dental hygienists on the oral health education of youth (pre-school through 12th grade). Education sessions focus on improving oral health, the proper nutrition needed for good oral health, and the risks associated with tobacco use.

Children with cleft lip/cleft palate often need oral surgery in conjunction with orthodontic treatment. MFH and EqualityCare assist with funding surgical procedures related to cleft lip/cleft palate repair. Interceptive orthodontic treatment is provided for children ages 5 to 12 years to help mitigate severe and crippling malocclusions.

OH serves as a resource to the Wyoming Oral Health Coalition, which promotes health and dental education and identifies services in remote areas. The Wyoming Oral Health Coalition sponsored a statewide Oral Health Summit in July 2009. This summit focused on benefits of water fluoridation and facilitated a round table discussion of key issues in Wyoming.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	860	739	845	712	404
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
All SSI beneficiaries receive Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. The denominator is the number of children <16 years old receiving SSI in December 2009. The CSH program switched to a new data collection system effectively March 26, 2009. The new CSH system compiles a more reliable count of clients than the previous data collection system.

Notes - 2008
All SSI beneficiaries receive Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. The denominator is the number of children <16 years old receiving SSI in December 2008.

Notes - 2007
All SSI beneficiaries receive Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. The denominator is the number of children <16 years old receiving SSI in December 2007.

Narrative:
This indicator is zero percent because all Supplemental Security Income (SSI) beneficiaries qualify for EqualityCare, which pays for all rehabilitative services.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. Eligible families can then obtain rehabilitative services.

MFH and PHN staff members refer families who may be medically eligible to apply for SSI and the DDD Children's waiver program. This allows families to have comprehensive healthcare coverage.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2008	payment source from birth certificate	7.6	8.9	8.2

Notes - 2011
This data is from the Wyoming Vital Statistics Services which began using the new birth certificate in 2006

Narrative:
A lower percentage of women (7.6%) who had their delivery paid by Medicaid had a low birth weight infant compared to 8.9% of women whose delivery was paid by another source in 2008.

Not all communities have providers for pregnant women, and some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

Family planning is available in all counties, access to services is on a sliding fee scale. PHP provides women who have a negative pregnancy test, with three months of prenatal vitamins with folic acid. MHP provides translation, prenatal service support, and PHP to migrant farm workers. The purpose of these projects is to increase the percentage of intended pregnancies to improve birth outcomes such as low birth weight.

PbC is available for postpartum women, ages 19 to 44, who are EqualityCare eligible, to extend family planning services from six weeks to one year. Kid Care covers family planning services for eligible recipients.

PHN staff members offer perinatal home visiting and provide individual and group prenatal assessment and referral as early as possible in a woman's pregnancy. PHN staff members assist women in applying for EqualityCare's PWP, and referrals are made to Kid Care CHIP. Prenatal vitamins are made available for women who do not have the resources to purchase prenatal vitamins, either preconceptually or prenatally.

In some counties, providers require a substantial payment prior to receiving prenatal services, resulting in an increased number of pregnant women not receiving prenatal care.

PHN prenatal classes address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues; and risks of substance use in pregnancy. MFH contracted with Lamaze International to provide training to clinical and PHNs to assure the prenatal classes presented in Wyoming are evidence-based.

Annual visits are conducted at hospitals in Denver, Colorado; Salt Lake City, Utah; Billings, Montana; Idaho Falls, Idaho; and Rapid City, South Dakota, assure the Wyoming families who access tertiary care are referred to MFH for follow-up services.

MFH promotes family-centered services through MHR and NBIC, providing reimbursement for fathers to visit mothers and babies receiving care out of state. "Plan for the Unexpected When You Are Expecting" placards are distributed to pregnant women, offering suggestions about how to prepare for transport out of state for specialty care.

The HBWW project assures providers are aware of the risk of inadequate weight gain during pregnancy.

"The Coming of the Blessing," brochure is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and the importance of prenatal care.

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Infant deaths per 1,000 live births	2008	other	0	0	7.1

Notes - 2011
This data is from the Wyoming Vital Statistics Services. Infant death data is not available by delivery payor source at this time, zero has been entered to indicate that no data are available.

Narrative:
While nearly half of Wyoming deliveries are paid by Medicaid, no outcome data for infant deaths is currently available through the Medicaid or Vital Statistics Services systems. Overall, there were 7.1 infant deaths per 1,000 live births in Wyoming in 2008.

Not all of communities have providers for pregnant women; some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

Family Planning is available in all counties on a sliding fee scale. PHP provides women with a negative pregnancy test, three months of prenatal vitamins with folic acid. MHP provides translation, prenatal service support, and PHP, to migrant farm workers. The purpose is to increase the percentage of intended pregnancies and to improve birth outcomes.

PbC is available for postpartum women, ages 19 to 44, who are EqualityCare eligible, Kid Care

CHIP covers Family Planning services for eligible recipients.

PHN staff members offer home visiting, provide individual and group prenatal assessment and referral early in pregnancy. Welcome home visits assists mothers with breastfeeding, infant care, and safety education, including safe sleeping environments.

Providers require payment prior to receiving prenatal services, resulting in an increased number of pregnant women not receiving prenatal care.

PHN prenatal classes address the importance of early, appropriate, and consistent prenatal care; the signs and symptoms of preterm labor; appropriate weight gain; and risks of substance use in pregnancy.

MFH promotes family-centered services through MHR and NBIC, providing reimbursement for fathers to visit moms and babies receiving care out of state. "Plan for the Unexpected When You Are Expecting," placards are distributed to pregnant women, and offer suggestions about how to prepare for transport out of state for specialty care.

The HBWW project assures providers are aware of the risk of inadequate weight gain during pregnancy.

"The Coming of the Blessing," brochures are distributed to American Indian clients. Culturally sensitive information includes the importance of preconception health, nutrition, preterm labor signs, symptoms, and importance of prenatal care.

MFH continued as the lead state agency for Safe Kids Worldwide (SKWW) and contracted with the Cheyenne Regional Medical Center (CRMC) to maintain the Safe Kids Wyoming (SKW) state office. The program focuses on development and support of coalitions to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action.

MFH provided funds to SKW to provide car seats, bike helmets, and portable cribs to income eligible families.

MFH sponsors training for the Happiest Baby on the Block (HBB) throughout the state.

MFH provided brochures from the National Center for SBS, flyers, and posters on shaken baby prevention, to PHN offices, IHS clinics, and hospitals.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2008	payment source from birth certificate	64.7	69.9	67.4

Notes - 2011

This data is from the Wyoming Vital Statistics Services which began using the new birth certificate in 2006

Narrative:
A lower percentage of women (64.7%) who had their delivery paid by Medicaid received prenatal care in the first trimester compared to 72.3% of women whose delivery was paid by another source in 2008. Overall, 67.4% of women received prenatal care in the first trimester in 2008.

Not all Wyoming communities have providers to care for pregnant women, and some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

Family planning is available in all counties, assuring access to services on a sliding fee scale. PHP provides women who have a negative pregnancy test with three months of prenatal vitamins with folic acid. MHP provides translation, prenatal service support, and PHP to migrant farm workers.

PHN staff members offer perinatal home visiting, and provide individual and group prenatal assessment and referral, as early as possible in a woman's pregnancy. PHN staff members assist women with applying for Equality Care's PWP, and referrals are then made to Kid Care CHIP as needed. Prenatal vitamins are made available for women who do not have the resouces to purchase prenatal vitamins, either preconceptually or prenatally.

In some counties, providers require a substantial payment prior to receiving prenatal services, resulting in an increased number of pregnant women not receiving prenatal care.

PHN prenatal classes address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. MFH contracted with Lamaze International to provide training to clinical and PHNs to assure the prenatal classes presented in Wyoming are evidence-based.

PbC is available for postpartum women, ages 19 to 44, who are EqualityCare eligible, to extend family planning services from six weeks to one year. Kid Care CHIP covers family planning services for eligible recipients.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and the importance of prenatal care.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate	2008	payment source from birth certificate	62.5	69.1	65.2

prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])					

Notes - 2011
This data is from the Wyoming Vital Statistics Services which began using the new birth certificate in 2006

Narrative:
In 2008, 62.5% of women who had their delivery paid by Medicaid received adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index]) compared to 69.1% of women whose delivery was paid by another source in 2008. Overall, 65.2% of women received adequate prenatal care in 2008.

Not all Wyoming communities have providers to care for pregnant women, and some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

Family Planning is available in all counties, assuring access to services on a sliding fee scale. PHP provides women who have a negative pregnancy with test three months of prenatal vitamins with folic acid. MHP provides translation, prenatal service support, and PHP to migrant farm workers.

PHN staff members offer home visiting and provide individual and group prenatal assessment and referral as early as possible in a woman's pregnancy. PHN staff assists with applying for the PWP, and referrals are made to Kid Care CHIP. Prenatal vitamins are made available for women who do not have the resources to purchase prenatal vitamins, either preconceptually or prenatally.

In some counties, providers require a substantial payment prior to receiving prenatal services, resulting in an increased number of pregnant women not receiving prenatal care.

PHN prenatal classes address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; appropriate weight gain; and risks of substance use in pregnancy. MFH contracted with Lamaze International to provide training to clinical and PHNs to assure prenatal classes presented in Wyoming are evidence-based.

Annual visits are conducted at hospitals in Denver, Colorado; Salt Lake City, Utah; Billings, Montana; Idaho Falls, Idaho; and Rapid City, South Dakota, to assure Wyoming families who access tertiary care are referred to MFH for follow-up services.

MFH promotes family-centered services through MHR and NBIC, providing reimbursement for fathers to visit mothers and babies receiving care out of state. "Plan for the Unexpected When You Are Expecting," placards are distributed to pregnant women at 20 weeks gestation offering suggestions of about to prepare for transport out of state for specialty care.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy" is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and the importance of prenatal care.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)	2009	133
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2009	200

Narrative:
Eligibility levels for EqualityCare and Kid Care CHIP have not changed in the past year. Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage.

Kid Care CHIP is Wyoming's State Children's Health Insurance Program. Kid Care CHIP provides health insurance to uninsured children in families with income up to 200% of the Federal Poverty Level. Eligibility for Kid Care is determined by the WDH Kid Care CHIP program.

Families applying for EqualityCare and Kid Care CHIP who have a CSHCN are referred to MFH to determine eligibility for MFH services. Referrals are shared confidentially among PHN, APS, Kid Care CHIP, DFS, and MFH.

Families are now able to apply for Kid Care CHIP online at http://healthlink.wyo.gov or ten different PHN offices where application computers are available.

MFH and PHN follow up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued. MFH participates with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about MFH, EqualityCare, and CHIP programs. EqualityCare and Kid Care CHIP utilize the same application, streamlining the eligibility process. MFH is similar to Kid Care CHIP regarding eligibility.

MFH and PHN follow up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued. MFH participates with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming residents to be informed about MFH, EqualityCare, and CHIP programs. EqualityCare and Kid Care CHIP utilize the same application, streamlining Kid Care eligibility process. MFH is similar to Kid Care CHIP regarding criteria.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Medicaid Children (Age range 1 to 5) (Age range 6 to 18) (Age range to)	2009	 133 100
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**

Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2009	200

Narrative:
Eligibility levels for Equality Care and Kid Care CHIP have not changed in the past year. Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage.

Kid Care CHIP is Wyoming's State Children's Health Insurance Program. Kid Care CHIP provides health insurance to uninsured children in families with income up to 200% of the Federal Poverty Level. Eligibility for Kid Care is determined by the WDH KidCare CHIP program.

Families are now able to apply for Kid Care CHIP online at http://healthlink.wyo.gov or at any of ten different PHN offices where application computers are available.

Families applying for EqualityCare and Kid Care CHIP who have a CSHCN are referred to MFH to determine eligibility for MFH services. Referrals are shared confidentially among PHN, APS, KidCare CHIP, DFS, and MFH.

MFH and PHN follow up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued.

MFH participates with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming residents to be informed about MFH, EqualityCare, and Kid Care CHIP programs.

EqualityCare and Kid Care CHIP utilize the same application, streamlining the eligibility process.

MFH is similar to Kid Care CHIP regarding criteria.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women	2009	133
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women	2009	200

Notes - 2011
Wyoming's KidCare SCHIP program only covers pregnant women <19 years of age.

Narrative:
Eligibility levels for EqualityCare and Kid Care CHIP remain at 133% and 200% of the FPL respectively for pregnant women.

Perinatal care coordination is offered to pregnant women as a best practice strategy. PHN staff

members provide prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff members assist pregnant women in applying for the EqualityCare, PWP, and referrals are made to Kid Care CHIP.

As of July 1, 2008, non-citizens are not eligible for EqualityCare's PWP. Discussions continue to determine how to address the health needs of this population.

In some counties, providers require a substantial down payment from a pregnant woman prior to receiving prenatal services, which results in an increased number of pregnant women not receiving prenatal care.

MFH collaborates with EqualityCare to enhance the referral system and increase the percentage of pregnant women who access care coordination services.

The CPHD EPI and MFH Section co-manage the Wyoming PRAMS project. The survey provides current information on women before, during, and after pregnancy. Data are collected related to pregnant women accessing prenatal care in Wyoming, Medicaid participation, and barriers to seeking care.

PbC is available for EqualityCare-eligible postpartum women to extend family planning services from six weeks to one year. This waiver will allow women access to birth control methods to support intended pregnancy. Women under age 19 who receive Kid Care CHIP are covered for family planning services.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," an informational booklet specific to both major tribes represented in Wyoming, will continue to be distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, the risks of substance use and domestic violence to birth outcomes, preterm labor signs and symptoms, and the importance of prenatal care.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	**Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)**	**Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)**
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth	3	Yes

certificates and newborn screening files		
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

Notes - 2011

Narrative:
VSS now has the ability to provide linked birth and death data. While birth data from VSS are not yet linked with Medicaid data, payer for the delivery, including Medicaid, is available on the birth certificate. WIC data is not linked with VSS.

A new system linking data from VSS birth records to NBMS laboratory results was completed in April 2010. A contract employee was hired and began to coordinate efforts for birth defects surveillance planning in January 2010.

The WDH has a working relationship with the Wyoming Hospital Association (WHA) to receive annual copies of hospital discharge data.

Wyoming has been conducting the PRAMS survey since 2007, and has received complete data sets for 2007 and 2008. A report highlighting this data to be completed late in 2010.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Prevention Needs Assessment Survey	3	No

Notes - 2011

Narrative:
Tobacco use information is gathered through the Youth Risk Behavior Survey (YRBS) and conducted by the WDH. The latest YRBS was conducted in 2009. A new survey will be conducted in 2011. MHSASD also collects data on youth tobacco use through the Prevention Needs Assessment survey. This survey of middle and high school students is conducted every other year when the YRBS is not administered.

The WDE At-Risk Task Force finalized recommendations for a statewide plan to address needs of at-risk students, including teen tobacco use. One recommendation focuses on design of a continuum of services through a tiered model that increases service intensity based on individual

student needs. Recommendations include a multi-agency service model which is similar to Colorado's Phase II of the project is underway in the WDE.

State infrastructure and capacity to address tobacco use by teens and young adults have been developed and supported through MHSASD prevention efforts at the county level in Wyoming.

WDH uses tobacco settlement fund to facilitate a comprehensive tobacco prevention and control program as outlined in state statute. Three programs within the WDH tobacco prevention and control plan have a youth focus. Through with Chew is aimed at the prevention of spit tobacco use. Wyoming Quit Tobacco is a cessation program utilizing a Quitline and Quitnet services. Tobacco Free Schools of Excellence is a program focused on school-based tobacco prevention and cessation.

Two ongoing research-based teen programs are provided. Intervening with Tobacco Users is an eight-session program for teens who have been caught using tobacco and who usually do not want to quit. Helping Teens Stop Using Tobacco is an eight-session, voluntary cessation program for teen tobacco users who want to learn how to quit using tobacco. Both programs meet the seven "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" established by the Centers for Disease Control and Prevention (CDC). The programs are easy to use, culturally sensitive, and appropriate for diverse populations and address cigarette, cigar, and spit tobacco use.

State legislation passed in 2009 allows a minor (12 years of age or older) to consent to healthcare treatment if he/she is a user of tobacco products and wishes to participate in a tobacco cessation program approved by WDH. The Wyoming Quit Tobacco Program is implemented by MHSASD through a contract with the American Cancer Society. The program utilizes Quitline and Quitnet services. Counseling services are available to teens through counselors skilled and knowledgeable in working with adolescents.

Reducing the percentage of women who smoke during pregnancy is a chosen priority for MFH for the next five years. MFH will work with MHSASD and other partners through the strategic planning process to identify strategies to prevent young women from starting smoking and encouraging them to stop.

IV. Priorities, Performance and Program Activities

A. Background and Overview

A needs assessment is a systematic process for review of health issues facing a population that leads to agreement on priorities and resource allocation. The overall purpose of the needs assessment process is to support rational, data-driven allocation of resources, identify high-need areas, support planning, improve coordination of services, and assess the gap between need, resources, and capacity. The needs assessment process and the product generated are equally important.

Every five years, the WDH, CPHD, MFH Section, as the state's Title V agency is required to conduct and submit a formal assessment of needs of our state's MCH population and of the capacity to address those needs. The results of this assessment determine the scope of the MFH's work for the next five years. The two goals for the 2011-2015 needs assessment are to improve health outcomes and to strengthen partnerships between MFH and other organizations that address the health of the MCH population.

MCH health outcomes can only be improved by first determining the current needs and setting MFH priorities. Priorities align programs, policies, and resources to address the most important MCH issues in the state. National (NPM) and State (SPM) performance measures will be used to monitor progress toward each priority. The performance measures, combined with evidence-based practice, will guide the decisions made by MFH in implementing the most effective programs and policies to promote the health of women, children, adolescents, CSHCN recipients, and their families.

The needs assessment process is also designed to strengthen partnerships among MFH and other agencies, families, practitioners, stakeholders, and communities. Recognizing the value and importance of our partners and stakeholders, MFH involved these parties in the needs assessment process and sought opportunities to collaborate with them to shape the MCH-related work for the next five years.

MFH focused on a life course perspective throughout the needs assessment process. The life course perspective emphasizes the long-term impact early life events and exposures have on health. It also highlights the interplay of biological, behavioral, psychological, and social protective/risk factors that contribute to health outcomes across the span of a person's life.

During the needs assessment process, MFH operated under the premise that the results of the needs assessment would guide the work of MFH from 2011-2015. Each step of the process allowed MFH to narrow the focus to the areas of greatest need, which led to a final selection of priorities. The strategic planning process assisted MFH in developing an action plan to address each of the priorities in a way that accounted for capacity and allowed resources to be allocated appropriately.

B. State Priorities

Priority 1: Promote healthy nutrition among women of reproductive age.

No NPMs.

SPM 1: Percent of women gaining adequate weight during pregnancy.
Inadequate weight gain is a risk factor related to preterm birth and low birth weight infants.

SPM 2: Percent of postpartum women reporting multivitamin use four or more times per week in the month before getting pregnant. (This continues previous SPM 9)

Women who take a multivitamin with folic acid daily, as folic acid not only decreases the incidence of neural tube defects for their infants, but may improve their heart health in women.

Capacity: There are several partners who are interested in this priority, and some programs in place to address healthy nutrition among women of reproductive age. There are few sources for the information currently being collected. PRAMS is one source for MFH. MFH staffing is limited; however, the WHC is a valuable partner in this venture.

Priority 2: Reduce the percentage of women who smoke during pregnancy.

NPM 15: Percentage of women who smoke in the last three months of pregnancy.

SPM 3: Percent of infants born to women who smoked during pregnancy. (This continues previous SPM 4).

Smoking is a risk factor for preterm birth and low birth weight infants, Wyoming has a very high percentage of pregnant women who smoke. Even though NPM 15 addresses women who smoke in the last three months of pregnancy, Wyoming will concentrate efforts on women who smoke anytime during their pregnancy.

Capacity: Many partners throughout the state who have a vested interest in the tobacco cessation priority and are currently working with MFH on this issue, such as WHC and the MHSASD. MFH is collecting data through the BB and NFP data systems. MFH is an invited participant in the Tobacco Prevention Section Strategic Planning process to assure pregnant women who smoke are included in the plan.

Priority 3: Reduce the rate of teen births.

NPM 8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

No SPMs.

Teens are more likely to smoke, less likely to receive early and regular prenatal care, and are at greater risk for pregnancy complications.

Capacity: MFH alone cannot provide sufficient resources to address this issue. However, MFH has access to current scientific information and evidence-based initiatives. Data collected at the WDH has helped to inform this issue. It is unclear what data is being collected by partners in this work and how it can be accessed and used. MFH has previously worked with other partners on this issue. Positive youth development, promoted by several organizations around the state, could be a key strategy in addressing this issue.

Priority 4: Support behaviors and environments that encourage initiation and extend duration of breastfeeding.

NPM 11: The percent of mothers who breastfeed their infants at 6 months of age.

SPM 5: The percent of mothers who initiate breastfeeding their infants at hospital discharge.

The American Academy of Pediatrics (AAP) recommends infants be exclusively breastfed for the first 6 months, and that ideally breastfeeding be continued until one year of age. Although NPM 11 tracks the percent of women who are continuing to breastfeed at 6 months, Wyoming will

concentrate efforts on initiation of breastfeeding to improve our rate of breastfeeding at 6 months.

Capacity: MFH and WIC focus on breastfeeding. A Wyoming Breastfeeding Coalition has been formed to support continuation of breastfeeding. Both MFH and WIC collect data on women who begin breastfeeding and how long they continue to breastfeed. Over half of PHN staff nurses are CLC-trained, either at a minimal or secondary level. Many WIC staff members have become CLCs, and there are several International Breastfeeding Certified Lactation Consultants. MFH has only one staff person who focuses on breastfeeding, although PHN and WIC offices in the counties also provide support for initiation and continuation of breastfeeding.

Priority5: Increase physical activity and improve nutrition for Wyoming children and adolescents.

NPM 14: Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

SPM 6: Percent of Wyoming high school students who ate fruits and vegetables less than five times per day.

SPM 7: Percent of Wyoming high school students who were physically active for a total of at least 60 minutes per day.

Healthy nutrition and physical activity among children and adolescents will decrease their risk of being overweight/obese. Children who are overweight/obese are at an increased risk of developing several chronic diseases. Wyoming will concentrate strategies such as eating healthy to decrease the rate of obesity in young people.

Capacity: Many partners are already implementing initiatives around this issue. MFH's role would be one of coordination. The only current source of BMI data for elementary school children is from an oral health survey of third graders that is not consistently funded or conducted. By coordinating partners, expertise would be gained from collaborations with other organizations. A number of potential partners inside and outside WDH were identified.

Priority 6: Reduce the rate of unintentional injury among Wyoming children and adolescents.

NPM 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

SPM 8: Percent of deaths in children and youth ages 1 to 24 due to unintentional injuries.

Injuries are a leading cause of morbidity and mortality among children and adolescents in the U.S. In addition to addressing injuries and fatalities due to motor vehicle crashes, Wyoming will also concentrate on all unintentional injury in children ages 1 to 24.

Capacity: SKW provides the structural resources for many facets of this issue with chapters in nearly every county in the state. PHNs also play an important role at the community level. Epidemiology support is available, and some data are available through birth certificates and other injury databases. SKW collects county and state data on prevention activities. Technical assistance is available from several national organizations. Many Wyoming partners have expertise needed to address different aspects of this issue. Partnerships with Safe Kids and PHN are critical. Other potential partners such as the Boys and Girls Club and the Department of Transportation (DOT) are open to collaboration.

Priority 7: Design and implement initiatives that address dating violence and sexual violence.

No NPMs.

SPM 8: Percent of teens reporting they were hit, slapped, etc. by a boyfriend/girlfriend.

Victims of dating violence are at increased risk for injury and are more likely to engage in binge drinking, suicide attempts, and physical fights.

Capacity: Many partners implementing initiatives around this issue. Data are available from the YRBS survey as well as PRAMS. The Early Child and Adolescent Health Program Specialist position, who would address this issue, is currently vacant. MFH will partner with the Rape Prevention and Education Advisory Committee to determine appropriate strategies to implement.

Priority 8: Increase capacity to collect, analyze and report on data for children and youth with special health care needs.

No NPMs.

SPM 10: Composite measure that addresses the total number of:

Data sources used to collect data on CSHCN;
Reports produced using CSHCN data
Trained epidemiologists analyzing data for CSHCN

Building and strengthening capacity to collect, analyze and report on data for CSHCN is expected to increase MFH's understanding of the needs of CSHCN in the state. This information will drive programmatic decisions and allow CSHCN to receive the most appropriate care.

Capacity: Epidemiology support is available, but staff resources may not be sufficient to make rapid progress. The National Survey of CSHCN is the main source of data. The new MFH data system can now provide accurate client data. Other data sources should be identified or developed. PHN may be an untapped resource for data collection. There is a great potential to collaborate on this issue and to invite new partners to the table including insurance companies, EqualityCare, and Kid Care CHIP.

Priority 9: Build and strengthen services for successful transitions for children and youth with special health care needs.

NPM 6: The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life.

No SPMs.

A much higher percentage of CSHCN are living into adulthood, and many have complex ongoing healthcare needs. Lack of preparation from transitional services makes CSHCN less likely to complete high school, participate in continuing education, gain employment, or live independently.

Capacity: MFH offers some resources to families in a variety of formats. The National Healthy and Ready to Work Initiative provides technical assistance and transition resources to states. The National Survey of CSHCN is the main source of data. The new MFH data system can now provide accurate client data. Other transition data sources should be identified or developed. Technical assistance is available from a national organization. MFH partners with the F2FHIC, Champions for Inclusive Communities, GPCDD, and various family organizations. There is great

potential to collaborate on this issue and to invite new partners to the table including WDE, EqualityCare, and Kid Care CHIP.

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	99	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	19	17	15	14	13
Denominator	19	17	15	14	13
Data Source				Children's Special Health Program	Children's Special Health Program
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	100	100	100	100	100

Notes - 2009
On July 1, 2006, NBMS expanded screening to 28 conditions. Timely follow-up has not been defined by CSH, as a result the numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2006-2008) are combined for a rolling three-year percentage since the numerator is <20. All data is reported for the current year with a notation of the year for which the data was obtained.

Notes - 2008
On July 1, 2006, NBMS expanded screening to 28 conditions. Timely follow-up has not been defined by CSH, as a result numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2005-2007) are combined for a rolling three-year percentage since the numerator is <20. All data is reported for the current year with a notation of the year for which the data was obtained.

Notes - 2007
On July 1, 2006, NBMS expanded screening from 7 to 28 conditions. Timely follow-up has not been defined by CSH, as a result numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2004-2006) are combined for a rolling three-year percentage since the numerator is <20. Previously, Wyoming reported data

with a one year lag. As of this 2009 application, all data will be reported for the current year with a notation of the year for which the data was obtained.

a. Last Year's Accomplishments
The objective for 2009 was 100%. In 2009, 100% of screen positive newborns received timely follow-up to definitive diagnosis and clinical management for their conditions.

Wyoming NBMS continued to screen for 28 conditions. MFH contracted with Colorado Department of Public Health and Environment (CDPHE) for testing, tracking, and staff training for newborn screening. The Inherited Metabolic Disorders (IMD) Clinic at The Children's Hospital (TCH) Denver, Colorado, provided consultation and education on metabolic conditions for Wyoming providers. MFH visited the CDPHE laboratory to review the contract and collaborate on efforts pertaining to the NBMS processes. Legislation was passed in early 2009 requiring parents of newborns to receive educational materials on NBMS. MFH provided NBMS brochures to birth hospitals and providers.

Transportation and translation services were available for families who qualified for MFH and EqualityCare programs to assist in obtaining additional screenings or to attend genetic/metabolic specialty clinics. In addition, CSH covered metabolic formula for children and youth who are eligible for the program.

Capacity grants to counties continued to provide funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Erica L. Wright, MS, Certified Genetic Counselor, Clinical Genetics and Metabolism, TCH, is a resource for questions regarding inherited metabolic diseases.

In November 2008, MFH staff members attended the Newborn Metabolic and Genetic Testing Symposium in San Antonio, Texas. The symposium addressed state and national newborn screening, genetic testing, and policy issues important to public health laboratories. NBMS follow-up, education, and regional partnerships were highlighted.

In April 2009, Wyoming began sending out a "Submitter Report Card" to NBMS providers evaluating facilities on important specimen parameters, including submission time, specimen quality, and NBMS form completion. These reports, provided quarterly, will improve the specimen submission process, accuracy of reports, and timeliness of follow-up.

In May 2009, MFH staff members traveled to Nebraska for a site visit of their NBMS program. This visit helped Wyoming staff to gather best practices from another state that contracts laboratory services for their NBMS program.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Newborn Metabolic Screening Program (NBMS)			X	
2. Inherited Metabolic Diseade (IMD) Clinic Consultations	X			
3. Vital Statistics Services (VSS)				X
4. Support Data Systems				X
5. Transportation/Translation Services		X		
6. Maternal and Family Health (MFH) Capacity grants				X
7. Care Coordination		X		
8. Metabolic Formula Coverage	X			

9. Wyoming Genetic Counseling Services Program	X			
10.				

b. Current Activities
Through the Common Client Index (CCI) program, birth records are now linked to newborn metabolic lab results. A new data system to track these results was completed in April 2010. This system will help to ensure timely tracking of NBMS and improve reporting.

CSH routinely contacts providers to request that infant information on the newborn screening laboratory slips is complete. This helps ensure quality record matches and improves timeliness for follow-up of missed screenings.

MFH participates with Colorado's NBMS Advisory Council. This group helps guide the NBMS process and assists MFH in defining timely follow-up for definitive diagnosis and clinical management. MFH staff members continue to generate reports for primary care providers and birthing hospitals regarding babies with missed screens, and those that were screened less than 24 hours of age.

In May 2010, an MFH staff member attended the Newborn Metabolic and Genetic Testing Symposium in Orlando, Florida. The symposium addressed state and national newborn screening, genetic testing, and policy issues important to public health laboratories. NBMS follow-up, education, and regional partnerships were highlighted.

c. Plan for the Coming Year
VSS and MFH will educate birth hospitals about how to correctly report newborn screening results on birth certificates.

MFH will continue to determine the viability of adding further conditions to the testing panel. MFH plans to update the Provider Toolkit with additional conditions and algorithms. These updates will be sent to Wyoming providers who will submit either an initial or a second screen.

MFH will continue to cover metabolic formula for children and youth who are eligible for the program.

MFH and EHDI will continue to coordinate and educate Wyoming providers and tertiary care facility staff members about the importance of newborn hearing and metabolic screenings and referrals for patients.

Capacity grants to counties will continue to provide funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	**7438**

Reporting Year:	2009					
Type of Screening Tests:	**(A) Receiving at least one Screen (1)**		**(B) No. of Presumptive Positive Screens**	**(C) No. Confirmed Cases (2)**	**(D) Needing Treatment that Received Treatment (3)**	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	7055	94.9	1	1	1	100.0
Congenital Hypothyroidism (Classical)	7055	94.9	0	0	0	
Galactosemia (Classical)	7055	94.9	1	1	1	100.0
Sickle Cell Disease	7055	94.9	0	0	0	
Biotinidase Deficiency	7055	94.9	0	0	0	
Cystic Fibrosis	7055	94.9	0	0	0	
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	7055	94.9	0	0	0	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	7055	94.9	0	0	0	

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	59	59	60	58	58
Annual Indicator	57.7	57.7	57.5	57.5	57.5
Numerator					
Denominator					
Data Source				2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

	2010	2011	2012	2013	2014
Annual Performance Objective	58	60	60	60	60

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

a. Last Year's Accomplishments
Data from the 2005-2006 National Survey of CSHCN show that 57.5% of Wyoming CSHCN ages 0 to18 years have families who partner in decision making at all levels and are satisfied with the services they receive. This is similar to the national percentage (57.4%). This has not changed significantly from 57.7% in the 2001 national survey.

MFH participated on the Support, Access, Growth, and Empowerment (SAGE) Initiative to address mental health issues of families within the state with a focus on wrap-around services.

Collaboration with EqualityCare and Kid Care CHIP focused on coordinating services for the MFH population and assisting families in navigating program coverage and eligibility requirements.

EqualityCare implemented a translation reimbursement policy for eligible clients. In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs. Transportation and translation services for eligible MFH clients continued to be reimbursed at EqualityCare rates. Identified barriers were addressed through a variety of partnerships to ensure adequate services continue.

Capacity grants to PHN offices provided funding to local county offices. These funds allowed PHNs to work with CSHCN families in order to maximize services. MFH provided a tool for families to use in preparation for the transition process.

MFH staff members promoted well child checks. MFH staff tracked and notified CSHCN families of recommended periodic well child checks.

In 2009, MFH began funding a dietitian/nutritionist to complete the Jackson diabetes clinic team. MFH also funded a nutritionist to attend the First Step Diagnostic Clinic, a clinic for children with multiple impairments. MFH, in collaboration with Developmental Pediatric Services, supported Autism Awareness Month and funded autism screenings around the state to allow children to be screened at no charge.

MFH enhanced education and promotion of MFH programs through conferences, webcasts, seminars, and trainings. MFH reviewed, revised, and updated brochures at the end of 2008. Some MFH brochures are targeted at providers and include a simple overview of all programs available, while others provide detailed program information for consumers and families. All brochures are available in alternate formats, such as Spanish, upon request. As new providers enrolled in CSH, MFH sent brochures to be distributed to staff members and patients at their clinics.

In February 2009, MFH funded a parent, Michelle Pena, to attend the Association of Maternal and Child Health Programs (AMCHP) conference. Ms. Pena works at Parents Information Center (PIC) in Casper, Wyoming, and has participated in the MFH Needs Assessment process to assist in building family participation and input.

The F2FHIC was funded in May 2009. One of their primary functions is to assist families of CSHCN in making informed choices about healthcare in order to promote good treatment decisions, cost effectiveness, and improved health outcomes. MFH partners with the Wyoming F2FHIC to promote medical home, to build CSHCN service capacity, and to improve family support. The F2FHIC is available as a resource for families of CSHCN in Wyoming.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family and Provider Satisfaction Survey				X
2. Specialty Outreach Clinic Support				X
3. Support, Access, Growth, Empowerment Inititative (SAGE)				X
4. Early Intervention Council (EIC)				X
5. Governor's Planning Council on Developmental Disabilities (GPCDD)				X
6. Support Data Systems				X
7. Translation/Transportation Services		X		
8. Maternal and Family Health (MFH) Capacity grants				X
9. Family 2 Family Health Information Center (F2FHIC)		X		
10. Parent Leadership Training Instititute (PLTI)		X		

b. Current Activities

MFH funds a dietitian/nutritionist to complete the Jackson diabetes clinic team that works with patients and their families. MFH funds a nutritionist to attend the First Step Diagnostic Clinic biannually.

The Interim CSH Program Manager is a member of the Governor's Early Intervention Council (GEIC), which provides input to WDH and WDE on the Part C population (0 to 2 years), and the Governor's Planning Council on Developmental Disabilities (GPCDD). Each council meets quarterly in various sites throughout the state. Parent advisory boards are invited to attend and provide input.

Wyoming partnered with Colorado to train four facilitators on the Parent Leadership Training Institute (PLTI) evidence-based curriculum, established the Laramie County PLTI Civic Design Team, and launched the first Wyoming PLTI class. The curriculum, provided by Connecticut's PLTI, is evidence-based with proven positive outcomes for children, families, and the community. This 20-week class is designed to bolster family involvement and leadership skills, while promoting the lifelong health, safety, and learning of children.

c. Plan for the Coming Year

Following each Genetic and Cleft Palate Clinic, families will be asked to complete satisfaction surveys to allow MFH to measure satisfaction with services.

MFH staff members will continue to promote well child checks and develop educational materials.

MFH will continue to distribute materials throughout Wyoming.

In an effort to integrate child healthcare records, MFH will continue to collaborate with WDH programs such as EqualityCare and DDD. Recent efforts include the development of the electronic medical record, the THR, and a data warehouse called Common Client Index (CCI). These efforts will help to reduce duplication of services.

The Interim CSH Program Manager will continue to serve as a member of the EIC, which provides input to the WDH and the WDE on the Part C population (0 to 2 yearrs) and the GPCDD. Each council will meet quarterly in various sites throughout the state, and parent advisory boards will be invited to attend and give input.

Partnerships will continue with other WDH programs, which will focus on streamlining and coordinating services for the MFH population. These programs include Childcare Licensing, DFS, MHSASD, WIC, OH, WOMH, ORH, and PHN.

Transportation and translation services for MFH clients will continue to be reimbursed. Identified barriers will be addressed through a variety of partnerships, ensuring adequate services continue. MFH travel benefits will continue to include travel assistance to all families eligible for MHR, NBIC, and CSH programs. MFH travel assistance is also available for families attending the biannual Cleft Palate Clinic held in Casper as well as Shriners hospitals.

MFH will continue to enhance education and promotion of MFH programs through conferences, webcasts, seminars, and trainings. MFH staff members will participate in Wyoming specialty outreach clinics to provide support for families and providers.

Partnership efforts with Family Voices at the regional and national level will be augmented through ongoing communication and guidance. This will strengthen Wyoming's Family Voices Chapter.

Capacity grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

MFH will continue to partner with the Wyoming F2FHIC as they support families of CSHCN in Wyoming.

MFH will support the expansion of PLTI to two additional counties in Wyoming. Each county must establish a civic design team to work from the onset to secure funding for PLTI beyond the pilot year funded through ECCS. pilot year funded through ECCS.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	56	56	58	50	50
Annual Indicator	55.6	55.6	49.1	49.1	49.1
Numerator					
Denominator					
Data Source				2005/2006 National Survey	2005/2006 National Survey

				of CSHCN	of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	50	50	50	50	50

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM 03.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM 03.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM 03.

a. Last Year's Accomplishments
Data from the 2005-2006 National Survey of Children with CSHCN show that 49.1% of Wyoming CSHCN ages zero to18 years receive coordinated, ongoing, comprehensive care within a medical home. This is similar to the national percentage (47.1%).

MFH emphasized the importance of obtaining a medical home for all children. This is especially important for CSHCN whose conditions may be complex and requires more of the provider's time but who benefit most from a central point of care coordination.

Clients eligible for MFH who may also be eligible for EqualityCare or Kid Care CHIP, but who did not access services or follow through with treatment plans, were referred to PHN and APS for intervention.

Cooperation among MFH, PHN, and APS for complex cases ensured that clients received needed services. Efforts continued to be directed towards coordinating care between pediatric specialists and the PCP by obtaining medical records and assuring that a copy is available for the PCP and PHN staff. PHN staff members worked with the PCP in case management and assisted with care coordination.

MFH emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well child checks. A part of the promotion of well child checks is to educate the families about what to expect from a medical home. Some CSHCN do not receive regular well child checks due to the number of specialty visits that are required.

MFH staff members attended conferences that focused on accessing care within a rural setting, how to address barriers, and the medical home model.

Capacity grants to PHN offices continued. MFH held an annual conference for PHNs to provide education on issues that are faced in the community, including care coordination and medical home.

MFH and PHN staff members performed client chart reviews to promote quality assurance and to ensure clients are receiving appropriate services through their medical home.

ECCS funds supported an annual conference for daycare providers, educating them on the importance of the medical home concept.

In 2009, MFH began funding a dietitian/nutritionist to complete the Jackson diabetes clinic team. MFH funds a nutritionist to attend the First Step Diagnostic Clinic biannually. Dr. Robert Leland and Dr. Diane Edwards have increased the number of developmental clinics they hold. MFH, in collaboration with Developmental Pediatric Services, supported Autism Awareness Month and provided funding allowing families to attend free autism screenings around the state.

MFH staff members updated a specialty clinic directory and distributed it to PHN and Wyoming providers to provide awareness to PCPs and families needing these services. Through these clinics, specialists come to Wyoming. Because these services are available locally, parents decrease the time they are away from work, and travel expenses are reduced for families.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Care Coordination		X		
2. Treatment Plan Compliance Reviews		X		
3. Promote Well Child Checks			X	
4. Support Data Systems				X
5. Speciality Clinic Coordination			X	
6. Translation/Transportation Services Support		X		
7. Maternal and Family Health (MFH) Capacity grants				X
8. Family 2 Family Health Information Center (F2FHIC)		X		
9.				
10.				

b. Current Activities

WDH is working to increase the number of Wyoming children who have a medical home, but the process is challenging. Pediatricians are unevenly distributed throughout the state and family practice physicians have high caseloads. Wyoming also has inherent geographical challenges. Families are encouraged to have one PCP with PHNs and other community resources helping to carry out some of the functions of a medical home.

MFH continues to assist in coordinating care between pediatric specialists, the PCP and PHN staff. They also continue to update and distribute a specialty clinic directory.

WDH is currently working within the department to create an electronic medical record called the THR, and MFH will continue to play an integral role. A contractor is now working on the

development and implementation phase of the THR. Once completed, the THR will support the Medical Home Model and provide tracking for EPSDT. American Recovery and Reinvestment Act of 2009 (ARRA) stimulus funds may be available as an incentive for physicians to implement the THR.

In 2009, MFH staff was granted access to the electronic medical records of MFH clients who are seen at TCH in Colorado. This has greatly enhanced MFH's ability to provide effective care coordination and to assist the PHN staff and providers as they support MFH clients.

c. Plan for the Coming Year

MFH will continue current activities and work to enhance the partnership with the F2FHIC in an effort to promote the importance of establishing a medical home.

Coordination will continue as needed among MFH, PHN, and APS. This type of coordination is especially important for children hospitalized out of state and in need of care coordination as they return to the local community. MFH emphasizes the importance of well child checks in addition to specialty care visits. Clients will be encouraged to visit their PCP and specialist on a regular basis.

MFH will continue to emphasize early screening and treatment to increase each child's ability to reach optimum health through promoting EPSDT and educating families and providers on the benefits of a medical home.

MFH will collaborate with other partners and direct efforts towards furthering the medical home initiative in Wyoming.

Capacity grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	52	52	52	65	65
Annual Indicator	51.6	51.6	60	60	60
Numerator					
Denominator					
Data Source				2005/2006National Survey of CSHCN	2005/2006National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of					

events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	65	65	65	65	65

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

a. Last Year's Accomplishments
Families were required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continued to be eligible for services, while illegal non-citizens were ineligible. In a reciprocal agreement, families applying for EqualityCare and Kid Care CHIP who have a CSHCN were referred to MFH to determine eligibility for MFH services. Referrals continued to be shared among APS, KidCare CHIP, DFS, and MFH.

OH participated on the Kid Care CHIP Coordination Committee to address dental needs.

MFH provided coverage for services Kid Care CHIP did not cover, such as hearing aids, therapy vests, orthognathic surgery, translation services, genetic testing, and additional vision follow-up appointments.

MFH provided follow-up of dual-eligible clients through the DFS computer system, EPICS. Local services and program benefit information were examined for each client.

For complex cases, a plan of treatment was agreed upon among MFH, PHN, and APS. These cases have included children hospitalized out-of-state in need of care coordination to return to their local community. Treatment plans usually included recommending clients visit their PCP or specialist on a regular basis.

MFH and PHN staff members contacted with families needing to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage continued.

MFH participated with Kid Care CHIP on marketing presentations throughout the state. The presentations enabled Wyoming residents to be informed about MFH and EqualityCare programs.

As a best practice strategy, MFH advocated that Wyoming families maintain a rapport with pediatric specialists and sub-specialists to ensure continuity of care. This included services

obtained out-of-state.

EqualityCare and Kid Care CHIP utilized the same application, streamlining the eligibility process.

The Wyoming Genetic Counseling Services Program allowed individuals who have inadequate insurance, or no insurance, to obtain consultation services at no cost.

Capacity grants to Wyoming counties provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Because there are no tertiary care facilities within Wyoming, MFH, PHN, EqualityCare, and Part C staff members continued to coordinate visits to hospitals in surrounding states to educate tertiary care facility staff. Annual tertiary care facility visits included meeting with hospital staff members and reviewing Wyoming programs that support Wyoming families. This helped to ensure Wyoming families are referred to WDH programs.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. EqualityCare/Kid Care (CHIP) Application			X	
2. Kid Care (CHIP) Coordination Committee				X
3. Gap Filling Services	X			
4. Support Data Systems				X
5. Wyoming Genetic Counseling Services Program		X		
6. Maternal and Family Health (MFH) Capacity grants				X
7. Tertiary Care Facility Visits				X
8.				
9.				
10.				

b. Current Activities
Referrals continue to be shared among APS, EqualityCare and Kid Care CHIP, DFS, and MFH. MFH also collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients.

OH continues to participate on the Kid Care CHIP Coordination Committee, addressing dental needs of the MFH population.

MFH and PHN staff members continue to follow up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued.

MFH provides services, such as care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide.

EqualityCare and Kid Care CHIP utilize the same application, streamlining the eligibility process. Families are now able to apply for CHIP online at healthlink.wyo.gov or at any of ten different PHN offices where computers are available specifically for use in applying for Kid Care CHIP.

c. Plan for the Coming Year
Referrals will continue to be shared among APS, Kid Care CHIP, DFS, and MFH.

MFH will collaborate with EqualityCare and KidCare CHIP to provide gap-filling services to dual-

eligible clients.

MFH will continue to access the EPICS to enhance service coordination to determine local services and program benefit information. Information will be shared among collaborating agencies, and MFH and PHN staff members will continue follow-up with families to reapply for WDH programs and other associated entities to ensure healthcare coverage continues.

Coordination will continue among MFH, PHN, and APS for complex cases, and MFH will continue to recommend clients visit their PCP or specialist on a regular basis.

MFH will continue to participate with Kid Care CHIP in networking with communities throughout the state. This will allow Wyoming citizens to be informed about MFH and EqualityCare programs.

MFH continues to advocate for travel reimbursement for out-of-state pediatric specialist appointments for dual-eligible clients. This helps families maintain the rapport they have built with specialists and encourages compliance with the treatment plan.

EqualityCare and Kid Care CHIP will continue to utilize the same application, streamlining the eligibility process. Families are now able to apply for CHIP online at healthlink.wyo.gov or at any of 10 different PHN offices where computers are available specifically for use in applying for KidCare CHIP. Kid Care will review utilization of the computers and consider expanding to other counties in need of additional outreach.

Wyoming Genetic Counseling Services will continue to allow individuals who have inadequate or no insurance to be seen for consultation at no cost.

Capacity grants to Wyoming counties will continue to provide funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

MFH, PHN, EqualityCare, and Part C staff members will continue to coordinate visits to educate tertiary care facilities to ensure Wyoming families are referred to WDH programs.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	82	82	84	90	90
Annual Indicator	80.3	80.3	88.8	88.8	88.8
Numerator					
Denominator					
Data Source				2005/2006National Survey of CSHCN	2005/2006National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year,					

and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	90	90	90	90	90

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering, and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM 05.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering, and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM 05.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering, and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM 05.

a. Last Year's Accomplishments
Data from the 2005-2006 National Survey of CSHCN show 88.8% of the families of Wyoming CSHCN ages zero to 18 years report that community-based service systems are organized so they can use them easily. This is comparable to the national percentage (89.1%).

MFH participated with WECP on the ECCS initiatives to assure the needs of MFH populations are addressed.

MFH staff members updated a specialty clinic directory and distributed it to PHN and Wyoming providers to provide awareness to PCPs and families needing these services. Through these clinics, specialists come to Wyoming. Because these services are available locally, parents decrease the time they are away from work, and travel expenses are reduced for families.

MFH contracted with CDPHE for testing, tracking, and staff training for newborn metabolic screening. The IMD Clinic at TCH provided consultation and education on metabolic conditions for Wyoming providers and families. MFH continued to enhance education and promotion of newborn screening through conferences, webcasts, seminars, and trainings for staff and other associated entities.

DDD worked closely with PHNs to provide developmental screenings, services, and referrals for infants and children. Their highly successful One before Two marketing campaign encourages families to get their young child screened at a local developmental center at least once before the child reaches the age of two.

MFH held an annual conference for PHNs to address issues faced in the community.

Families applying for EqualityCare and Kid Care CHIP who have a CSHCN were referred to MFH to determine eligibility for MFH services. Referrals continued to be shared among APS, Kid Care CHIP, DFS, PHN, and MFH.

For complex cases, a plan of treatment was agreed upon among MFH, PHN, and APS. Treatment plans usually include recommending clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, and Part C staff continued to coordinate and educate tertiary care facilities in surrounding states about programs available to Wyoming families. This ensures families are referred to WDH programs upon discharge from the hospital.

Capacity grants to Wyoming counties continued to provide funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

MFH provided a tool for families to use for transitioning called Packaging Wisdom. Packaging Wisdom is available on the WDH website, as well as in both hard copy and on CD Rom. MFH offered copies to families of CSHCN through PHN and at various events throughout the state.

MFH reviewed, revised, and updated brochures. Some MFH brochures are targeted at providers and include a simple overview of all programs available, while others provide detailed program information for consumers. All brochures are available in alternate formats, such as Spanish, upon request. As new providers enroll, MFH sends brochures to be distributed to staff members and patients at their clinics.

In 2009, MFH began funding a dietitian/nutritionist to complete the Jackson diabetic clinic team. MFH funds a nutritionist to attend the First Step Diagnostic Clinic. Dr. Robert Leland and Dr. Diane Edwards have increased the number of developmental clinics they hold. MFH, in collaboration with Developmental Pediatric Services, supported Autism Awareness Month and funded autism screenings around the state to allow children to be screened at no charge.

In spring 2009, MFH supported the Wyoming Lion's Early Childhood Vision Project with funds to purchase additional screening equipment and to continue screening activities. The purpose of vision screening is to prevent serious vision problems through early detection. MFH will continue to meet with a group of stakeholders to help determine a sustainability plan for this project.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

As Wyoming began to enter the final stages of the SAGE grant, it was concluded that the best way to achieve the goals was to move to the next stage without accepting the final two years of funding for the grant. MHSAD continues to work with families using the High Fidelity Wraparound model of services.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Early Childhood Comprehensive Systems (ECCS)				X
2. Specialty Outreach Clinics				X
3. Translation/Transportation Services		X		
4. Maternal and Family Health (MFH) Capacity grants		X		
5. Family 2 Family Health Information Center (F2FHIC)		X		

6. Transition Planning				X
7. Social Marketing		X		
8. Champions for Inclusive Communities				X
9.				
10.				

b. Current Activities
The MFH team continues to collaborate with partners, including PHN and F2FHIC, to strengthen the design of Wyoming's transition planning tool and to promote its use among PHN staff members, clinicians, family advocates, etc.

Transportation and translation services are available for families who qualify for MFH programs.

MFH continues to market specialty outreach clinics to provide awareness to PCPs and families needing these services. Bringing specialists to Wyoming decreases travel time and expenses and allows parents to spend less time away from work.

Families applying for EqualityCare and Kid Care CHIP who have a CSHCN will continue to be offered a referral to MFH programs.

MFH, PHN, EqualityCare, and Part C staff members coordinate and educate tertiary care facilities to ensure Wyoming families are referred to WDH programs.

MFH and PHN staff members contact families to reapply for WDH programs and other associated entities, assuring healthcare coverage is continued.

MFH is participating in the learning community provided by Champions for Inclusive Communities to continue efforts towards establishing community-based service systems.

c. Plan for the Coming Year
MFH will continue current activities and work to enhance the partnership with the F2FHIC in their efforts to ensure that the community-based service systems are organized so that families of CSHCN can use them easily.

Efforts will continue to be directed towards coordinating care between pediatric specialists, sub-specialists, and the PCP by requesting copies of medical records and assuring that a copy is available for the PCP and PHN staff members.

MFH will use the knowledge gathered from participating in the Champions for Inclusive Communities learning community to continue efforts towards establishing community-based service systems.

MFH will continue to participate with Kid Care CHIP in networking with communities throughout the state. This allows Wyoming citizens to be informed about MFH, EqualityCare and Kid Care CHIP programs.

Capacity grants to Wyoming counties will continue to provide funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.MFH will use the knowledge gathered from participating in the Champions for Inclusive Communities learning community to continue efforts towards establishing community-based service systems.

MFH will continue to participate with Kid Care CHIP in networking with communities throughout the state. This allows Wyoming citizens to be informed about MFH, EqualityCare and Kid Care

CHIP programs.

Capacity grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	7	5.8	6	50	50
Annual Indicator	5.8	5.8	47	47	47
Numerator					
Denominator					
Data Source				2005/2006National Survey of CSHCN	2005/2006National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	50	50	50	50	50

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues concerning the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM 06 and the 2005-2006 may be considered baseline data.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM 06 and the 2005-2006 may be considered baseline data.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM 06 and the 2005-2006 may be considered baseline data.

a. Last Year's Accomplishments
Data from the 2005-2006 National Survey of CSHCN show that 47% of youth with special health care needs received the services necessary to make transitions to all aspects of adult life, including adult healthcare, work, and independence. This is higher but not statistically different from the national percentage (41.2%).

MFH collaborated with the GPCDD and Vocational Rehabilitation to assure efforts were made for CSHCN transitioning to all aspects of adult life.

In May 2009, MFH financially supported Adelante Niños. This conference focused on educating fifth graders, including CSHCN, who were transitioning into junior high about issues that face this age group, such as drug and alcohol use, safe sex, and the importance of education.

As a resource, MFH provided families and clients who are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition. In addition, MFH provided a tool for families to use for transitioning called Packaging Wisdom. Packaging Wisdom is available on the WDH website, as well as in both hard copy and on CD Rom. MFH offered copies to families of CSHCN through PHN and at various events throughout the state.

In February 2009, MFH funded a parent, Michele Pena, to attend the AMCHP conference. Ms. Pena works at PIC in Casper and agreed to participate in the upcoming MFH Needs Assessment and assist MFH in building family participation.

Transportation and translation services for eligible MFH clients continued to be provided.

Capacity grants to counties continued to provide funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources including available transition services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Parent Advisory Groups		X		
2. Family 2 Family Health Information Center (F2FHIC)		X		
3. Governor's Planning Council on Developmental Disabilities (GPCDD)				X
4. Translation Services		X		
5. Maternal and Family Health (MFH) Capacity grants				X
6. Association of Maternal and Child Health Programs (AMCHP)				X
7. Parent Information Center/Parent Education Network (PIC/PEN)		X		
8. Transition Tools for Famlies		X		
9.				
10.				

b. Current Activities
MFH continues to collaborate with the GPCDD and Vocational Rehabilitation to assure efforts are being made for CSHCN transitioning to all aspects of adult life.

In May 2010, MFH again financially supported Adelante Niños, which educates fifth graders, including CSHCN, transitioning into junior high about issues that face this age group, such as drug and alcohol use, safe sex, and the importance of education.

MFH attends, participates in, and funds various conferences around the state. MFH provides a booth with information about MFH programs including Packaging Wisdom.

MFH continues to provide families and clients who are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition.

Capacity grants to Wyoming counties continue to provide funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referring them to appropriate community resources, including available transition services.

MFH staff members participates in various webinars provided by Healthy and Ready to Work (HRTW) as a means to increase staff knowledge and resources regarding transition.

c. Plan for the Coming Year
MFH will continue current activities and work to enhance the partnership with the F2FHIC in their efforts to ensure CSHCN receive the services necessary to make transitions to all aspects of adult life, including adult healthcare, work, and independence.

MFH will fund a parent advocate to attend the AMCHP conference. This individual's responsibility is to become an integral partner with MFH, providing guidance and feedback on ways to improve the transition process.

Through the needs assessment process, MFH chose to build and strengthen services for successful transitions for children and youth with special health care needs as a priority for the next five years. MFH will hold a strategic planning session with partners and stakeholders around the new state priority to ensure that CSHCN have the supports necessary for successful transitions in all aspects of their lives.

MFH will strengthen collaborative relationships with other advocacy agencies providing services to the MCH population in Wyoming, such Parent Information Center/Parent Education Network (PIC/PEN), and UPLIFT. UPLIFT is an association that provides education and advocacy for parents, families, and the community, focusing on emotional, behavioral, and learning needs of children and youth.

MFH will endeavor to strengthen Family Voices locally through collaboration at the national level.

MFH will continue to attend, participate, and fund conferences provided for the MFH population. MFH staff members will staff booths at these conferences to ensure information is disseminated about MFH programs.

MFH will continue Capacity grants to Wyoming counties to provide funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referring them to appropriate community resources including available transition services.

MFH will enhance the tools provided for families to use for transitioning. MFH will continue to provide Packaging Wisdom, which is available on the WDH website, in hard copy, and on CD Rom. MFH offers copies to families of CSHCN through PHN and at various events throughout the state.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	82	84	80	77	77
Annual Indicator	83.3	78.6	75.4	76.8	65.9
Numerator	12453	12659	12908	12718	10058
Denominator	14949	16106	17119	16560	15262
Data Source				National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	72	72	75	75	75

Notes - 2009
Indicator data for this measure is from the 2006 National Immunization Survey (NIS). In 2006, NIS changed the demoninator for the survey. It now includes all births from 2003 and 2004 and one half of 2005 births. Therefore, data from this year may not be comparable to that of previous years.

Notes - 2008
Indicator data for this measure is from the 2006 National Immunization Survey (NIS). In 2006, NIS changed the demoninator for the survey. It now includes all births from 2003 and 2004 and one half of 2005 births. Therefore, data from this year may not be comparable to that for previous years.

Notes - 2007
Indicator data for this measure is from the 2006 National Immunization Survey (NIS). In 2006, NIS changed the demoninator for the survey. It now includes all births from 2003 and 2004 and one half of 2005 births. Therefore, data from this year may not be comparable to that for previous years.

a. Last Year's Accomplishments
The Healthy People 2010 objective is to immunize at least 90% of children ages 19 to 35 months for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B, also known as 4:3:1:3:3.

Wyoming's objective for 2009 was that 77% of children ages 19 to 35 months be immunized for 4:3:1:3:3. Data from the 2007-2008 National Immunization Survey (NIS) show that 65.9% of Wyoming children 19 to 35 months of age had completed their 4:3:1:3:3. This data is not comparable to data before 2006 because NIS changed the method of calculating the source population for the survey.

Care coordination through PHN offices was utilized as an opportunity to provide community education regarding immunizations, as well as referral to healthcare providers for well child care, including immunizations.

MFH and the IMM Sections worked together to revise informational immunization folders. Provider offices, PHNs, and other partners received the folders, and utilized them to organize additional appropriate educational materials for pregnant women.

The IMM Section was primarily funded through a federal Childhood Immunization Grant. The amount of vaccines available was supplemented through a state appropriation. Because Wyoming is a Universal Vaccine state for children, state funds provided all vaccines to children of Wyoming residents who did not qualify for free, federally purchased vaccines through the Vaccines for Children Program. Providers may charge a fee for administering the vaccination, but the vaccine is provided for free.

The Wyoming Immunization Registry (WyIR) continued to be functional in all PHN offices. The focus of WyIR is to facilitate timely, age appropriate delivery of immunizations, highlighting the benefits of gathering and interpreting data.

The IMM Section collaborated with MFH to add WyIR to the laptops purchased by MFH for PHNs. This expansion allowed WyIR users access to the Registry in real time to ensure Wyoming citizens received the recommended immunizations in a timely manner.

Additional efforts of the IMM Section included gathering data and promoting a healthy lifestyle, focusing on preventing disease and illness through participation in the Immunization Registry. Connections were made with providers to encourage families to maintain immunization schedules for children with the Immunization Section providing ongoing technical assistance.

MFH emphasized early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well child checks. As part of our effort to promote the importance of keeping up with age appropriate immunizations, letters are sent to the families as a reminder.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Perinatal Education and Care Coordination			X	
2. Wyoming Immunization Program Collaboration				X
3. Wyoming Immunization Registry (WyIR)				X
4. Vaccine For Children Program			X	
5. Maternal and Family Health (MFH) Laptop Project				X
6. Technical Assistance Program				X
7. Vaccine Advisory Board				X
8.				
9.				
10.				

b. Current Activities
In an effort to increase provider utilization of the WyIR, the IMM Section provides two 'smart buttons' to each provider office. A single click takes providers to the WyIR internet site, while holding down the button takes providers to the IMM Section homepage, where most of the documentation for the WyIR is present.

Immunization folders are available to PHN staff members for creating BB educational packets for pregnant women. The information is sent out to providers for Immunization Week in April and includes immunization best practice, basic growth and development guidelines, and child safety materials.

The IMM Section, MFH, and Wyoming Developmental Centers collaborate to improve communication to clients and parents about the protective health benefits of timely childhood immunizations within home daycare centers, childcare facilities, and developmental preschool programs.

The immunization rules changed in September 2010. Children are now required to have two doses of the varicella vaccine, and children entering the seventh grade must have one dose of the Tetanus, Diptheria, Pertussis (Tdap) vaccine. There is now a four day grace period on the minimum age for a child to receive a required vaccination, and any religious exemptions for vaccinations must be reauthorized when a child enters the sixth grade.

During the 2008-2010 biennium, the IMM Section received $5.9 million to cover vaccine purchases for all children in Wyoming who are not federally qualified.

c. Plan for the Coming Year
The IMM Section will continue to promote and expand the functionality of the WyIR to ensure that all residents of Wyoming receive the recommended immunizations. Although CDC focuses on the importance of having 95% of children under the age of six registered in an Immunization Information System, the IMM Section has committed to ensuring that all individuals in Wyoming have the opportunity to become part of the WyIR.

The IMM Section will continue to monitor Wyoming Vaccinates Important People (WyVIP) providers to ensure they comply with vaccine storage and handling policies. This ensures the safety and viability of all vaccines and reduces the number of re-vaccinations required. As of April 2009, there are 130 WyVIP providers in the state including PHN offices and private providers.

The IMM Section will continue to facilitate Vaccine Advisory Board meetings to ensure the vaccines necessary to protect Wyoming children can be purchased with State Childhood Immunization Act funding. The role of the Vaccine Advisory Board is to advise IMM Section staff members about vaccine expenditures and determine target populations. Members of the Vaccine Advisory Board include the Director of WDH; the Immunization Section Chief; the CDC Public Health Advisor for Wyoming; a PHN; a representative from the School Nurse Association, the Wyoming Medical Society, the McKenzie Meningitis Foundation; and the President of the AAP.

Immunization folders will be available to PHN staff members to use in creating BB educational packets. The folders will be sent out to providers for Immunization Week every April. Information included will be immunization best practice, basic growth and development guidelines, and child safety.

The IMM Section will continue to distribute updated immunization schedules to WyVIP providers to ensure targeted populations receive the recommended vaccinations.

Provider education is planned for topics including registry use, new vaccines, vaccine storage and handling, and vaccine distribution. MFH assists with these efforts in conjunction with PHN staff members using WyIR.

MFH will continue to emphasize early screening and treatment to increase each child's ability to reach optimum health through promoting EPSDT, commonly known as well child checks. As part of our effort in promoting the importance of keeping up with age appropriate immunizations, letters are sent to the families as a reminder.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	16.1	19	18	17	21
Annual Indicator	19.1	17.7	17.7	21.9	21.9
Numerator	202	192	192	237	234
Denominator	10579	10873	10873	10839	10678
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	21	20	20	19	19

Notes - 2009
Data reported for 2008 births.

Notes - 2008
Data reported for 2007 births.

Notes - 2007
Data reported for 2006 births.

a. Last Year's Accomplishments
The objective for CY 2009 was 21.0 births per 1,000 women ages 15 to 17 years. The CY08 observed rate was 21.9 per 1,000. This rate is not different from 21.9 in CY2007, but represents a significant increase from the CY06 rate of 17.7 per 1,000.

As indicated by the HPSA designations in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver them. Additionally, some providers with full caseloads, do not schedule prenatal visits within the first trimester. The need to be in contact with women through the PHN offices as early during pregnancy as possible became critical.

Prenatal assessment, education, referral for smoking cessation, and nutritional support were then available prior to the first prenatal visit with the physician.

MFH continued funding to WHC to sustain and support family planning clinics. WHC assured access to comprehensive, high quality, voluntary family planning services. Funding included the PHP, providing all women in Title X family planning clinics who had a negative pregnancy test with information on pregnancy intendedness, condoms, and a three- month supply of prenatal vitamins with folic acid.

BB, a collection of perinatal PHN home visiting services, offered care coordination and the NFP home visiting model to pregnant women and families as a best practice strategy to assist in identifying high-risk pregnancies including teen pregnancies. BB coordinators helped pregnant women fill out applications for EqualityCare's PWP and referred them to Kid Care CHIP as needed.

As Wyoming has no tertiary care hospitals, MFH provided financial assistance to eligible high-risk mothers and infants requiring transport to other states for specialty care through its MHR and NBIC programs. Visits to tertiary care hospitals in Denver, Salt Lake City, Billings, Idaho Falls, and Rapid City, stressed referrals for all Wyoming families who access tertiary care to MFH for follow-up services.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes the importance of not smoking before or during pregnancy. Booklets were distributed through IHS and local county PHN offices to American Indian clients including teens.

The Child and Adolescent Health Program Specialist gathered material for a proposal to offer the NFP home visiting program to pregnant teens statewide for high school credit, either in school or through home study. Focus included discussions with WDH's PHN staff members about existing NFP Fremont County programs and with WDE staff about WDE support of the proposal.

The HBWW project targeted providers to assure all women, including teens, gain adequate weight during pregnancy.

MFH's partnership with WDE, integrating education on HIV, STI, and pregnancy prevention, continued to educate the population and policymakers on the importance of a healthy school environment and positive youth development.

In August 2009, the WDE At-Risk Task Force finalized recommendations for a statewide plan to address needs of at-risk students, including pregnant teens. These recommendations included a multi-agency service model similar to Colorado's. Phase II of the project is underway in WDE. The Early Child and Adolescent Health Program Specialist is no longer involved in the project.

The Early Child and Adolescent Health Program Specialist and the MFH Women and Infant Health Coordinator continued to synchronize efforts focusing on pregnant adolescents.

The Early Child and Adolescent Health Program Specialist represented MFH as a member of the WDE WHSSM Leadership Team and participated in the April 2009 WHSSM conference to share adolescent health and teen pregnancy information and resources with district programs.

MFH and the CPHD EPI Sections co-managed the PRAMS project, which surveys postpartum women about their experiences before, during, and after pregnancy.

MFH signed up with The National Campaign to Prevent Teen and Unplanned Pregnancy to receive information about teen and unplanned pregnancies, including funding teen pregnancy

prevention initiatives.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Health Council (WHC)				X
2. Public Health Nursing (PHN) Support Services/Tertiary Care Support				X
3. Maternal High Risk/Newborn Intensive Care (NBIC) Programs	X	X		
4. Collaboration with March of Dimes (MOD)				X
5. Healthy Baby is Worth the Weight (HBWW) Project			X	
6. Wyoming Department of Education (WDE) At-Risk Task Force				X
7. Wyoming Health Student Success Model (WHSSM) Coordinated School Health Programs		X		
8. Pregnany Risk Assessment Monitoring System (PRAMS)				X
9. Translation Services		X		
10. Maternal and Family Health (MFH) Capacity grants				X

b. Current Activities

MFH provides prenatal vitamins for PHN staff to give prior to conception or prenatally to women who do not have the resources to purchase the vitamins.

MFH continues to partner with and fund WHC to ensure adolescent population access to family planning and preconception health services.

BB offers services to pregnant and postpartum teens. MFH provides limited financial assistance for accessing specialized care to eligible high-risk mothers and infants.

IHS and county PHN offices continue to distribute "The Coming of the Blessing, a Pathway to a Healthy Pregnancy."

PHN offices and other entities having contact with pregnant women implement HBWW to assure providers and pregnant women are aware of the risk of preterm delivery with inadequate weight gain during pregnancy.

A University of Wyoming (UW) Family Practice Center physician agreed to assist MFH in designing and implementing strategies to support teen pregnancy prevention.

c. Plan for the Coming Year

WHC will assure access to comprehensive, high quality, voluntary family planning services for men and women. Clinics will provide contraceptive supplies on a sliding scale, pregnancy testing, and PHP. Services currently being offered through PHN offices include BB coordination, home visiting, prenatal classes, and assistance in filling out forms for PWP and applications for the MHR and NBIC programs.

Support for the HBWW project will continue through statewide partners. Project materials will be distributed to numerous PHN and provider offices throughout the state, including Cent$ible Nutrition, Community Health Centers, EqualityCare, Family Practice Clinics, IHS, local and tertiary care hospitals, MHP, MOD, and WIC.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy" will continue to be distributed

through IHS and local county PHN offices to American Indian clients.

MFH and the CPHD EPI Sections will continue to co-manage the Wyoming PRAMS project, which surveys postpartum women, and teens about their experiences before, during, and after pregnancy.

MFH will partner with WHC to explore teenage pregnancy prevention programs and initiative funding opportunities presented by The National Campaign to Prevent Teen and Unplanned Pregnancy. MFH and WHC plan to collaborate to apply for funding for teen pregnancy prevention provided through healthcare reform legislation.

The Early Child and Adolescent Health Program Specialist will design a proposal to offer the NFP home visiting program to pregnant teens statewide for high school credit, allowing this service to be provided in school or through a home study program. MFH will recommend this program be incorporated into the WHSSM program. WDE support and endorsement, as well as a recommended standardized credit award, will be pursued. The remaining two NFP sections, infants and toddlers, will be cross walked with WDE performance standards so that all three sections can be offered for credit.

MFH will provide Capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, as well as translation services.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	75	75	75	75	56.6
Annual Indicator	71.3	71.3	71.3	56.6	49.1
Numerator	4411	4411	4411	2788	2570
Denominator	6187	6187	6187	4923	5230
Data Source				2008/2009 Wyoming Third Grade Oral Health Survey	2009/2010 Wyoming Third Grade Oral Health Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	55	55	60	60	60

Notes - 2009
An oral health survey, including BMI data, was conducted was during school year 2009/2010. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming third graders had protective sealants. The oral health program did not have the staffing to conduct another survey

until 2008/2009 and again in 2009/2010. The current survey was developed to estimate the percentage of third graders who have received sealants.

Notes - 2008
An oral health survey, including BMI data, was conducted during school year 2008/2009,. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming third graders had protective sealants. Oral Health did not have the staffing to conduct another survey until 2008/2009. The current survey was developed to estimate the percentage of third graders who have received sealants. The sample may be biased due to low response rates.

Notes - 2007
A new survey will be conducted in Fall 2008 and including BMI data. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming third graders had protective sealants. Oral Health has not had the staffing to conduct another survey since then. A new survey is being developed to be conducted in FY2008 to estimate the percentage of third graders who have received sealants. However, the following data are available for State FY2007: The sealant program (MCH, Oral Health Section and Medicaid funded) provided sealants for 3,424 children up to age 19. The number of 3rd graders who received sealants under the Wyoming sealant program was 423.

a. Last Year's Accomplishments
The results of the 2009-2010 OH Survey indicate that 49.1% of Wyoming third graders have dental sealants on at least one permanent molar. Due to survey methodology, data from 2009-2010 survey are not comparable to data from previous years.

OH, MFH, and the CPHD EPI sections worked together to design and conduct a dental sealant and BMI survey of third graders in elementary schools for the 2008-2009 school year. WDE provided a complete list of all public elementary schools, including third grade enrollment and the proportion of students eligible for the Free and Reduced Lunch Program by school district. The state was divided into three geographic regions and a random sample of schools was selected. OH worked with school nurses to confirm school participation and schedule screenings. The Association of State and Territorial Dental Directors (ASTDD) provided technical assistance, and the ASTDD Basic Screening Survey was utilized. Dental hygienists collected data on missing teeth, fillings, decay, and the presence of sealants. This survey was completed in May 2009.

In FY09, the partnership between MFH and OH provided dental sealants for 82 third graders, who received 261 sealants. OH also collaborated with MFH on future programs to improve the oral health of Wyoming children and families.

OH provided preventive services to children through oral health education programs, fluoride mouth rinse programs, dental screenings, and referrals.

OH worked with EqualityCare to provide fluoride varnish to children ages 6 months to 48 months of age during visits to their primary care physician. In 2008-2009, the number of physician groups participating in this program grew from two to 17, and both physicians and dentists applied fluoride varnish for 1,893 EqualityCare clients.

In FY09, EqualityCare provided dental sealants on both primary second molars and permanent molars for 4,000 clients. OH funded sealants on permanent molars for 1,607 clients.

Children not eligible for EqualityCare received treatment through the Severe Crippling Malocclusion Program. This program provides funding to treat children with a malocclusion severe enough to create a medical necessity for correction. MFH also funded surgical procedures related to cleft lip/cleft palate repair and facial anomalies for eligible clients.

OH hired three new Community Oral Health Coordinators (COHC) in the Spring of 2009 to

expand the program to 13 of Wyoming's 23 counties. The COHCs apply fluoride varnish for children in preschools, Head Start, and a few elementary schools. In 2008, the COHCs conducted dental screenings on 7,298 children and referred 2,039 for dental care.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Screening		X		
2. EqualityCare (Medicaid) Dental Program		X		
3. Severe Crippling Malocclusion Program		X		
4. Community Oral Health Coordinators (COHC)		X		
5. Wyoming Oral Health Coalition (WOHC)				X
6. Dental Sealant Survey				X
7. Oral Health Study			X	
8. Oral Health Summit				X
9.				
10.				

b. Current Activities

Work continues with the Wyoming Oral Health Coalition (WOHC) and the WDA to promote public awareness and Access to Baby and Child Dentistry (ABCD) trainings.

OH worked with EqualityCare to provide fluoride varnish to children ages 6 months to 48 months of age. In 2008-2009, 60 providers, both physicians and dentists, applied fluoride varnish for 2,486 EqualityCare clients. COHCs apply fluoride varnish for children in preschools, Head Start, and a few elementary schools.

In 2009, the COHCs conducted dental screenings on 6,842 children and referred 2,311 for dental care.

In FY10, EqualityCare provided dental sealants on both primary second molars and permanent molars for 2,831 clients. OH funded sealants on permanent molars for 1,709 clients. In FY09, the partnership between MFH and OH provided dental sealants for 177 third graders, who received a total of 553 sealants.

Using funding from MFH, the WOHC sponsored a statewide Oral Health Summit in July 2009.

Through funding appropriated by the 2009 Wyoming Legislature, the Oral Health Initiative (OHI) was conducted to determine the prevalence and severity of oral disease in Wyoming and to assess the oral health needs of Wyoming residents. This included a census oral health screening of third graders by local dentists, as well as surveys of pregnant women and seniors to determine oral health status and knowledge of oral health.

c. Plan for the Coming Year

Collaboration between MFH and OH will continue, focusing on the oral health of Wyoming children and families.

COHCs will continue to conduct oral health screenings in preschool and elementary school children and apply fluoride varnish for children in preschools, Head Start, and a few elementary schools.

The CPHD EPI Section is launching a project to look at the relationship among oral health, childhood obesity, and community factors such as access to dental care and community water fluoridation.

OH plans to provide additional training opportunities to dentists and physicians focusing on fluoride varnishes and management skills for young children.

Collaboration between MFH and OHS will continue, focusing on the oral health of Wyoming children and families.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	5.5	6.5	6.4	4.5	4.5
Annual Indicator	7.0	4.9	4.9	4.8	4.5
Numerator	20	14	14	14	14
Denominator	283859	286385	286385	294462	308232
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	4	4	3.5	3.5	3

Notes - 2009
Data provided as three-year rolling rates (2006-2008) due to small numbers.

Notes - 2008
Data provided as three-year rolling rates (2005-2007) due to small numbers.

Notes - 2007
Data provided as three-year rolling rates (2004-2006) due to small numbers.

a. Last Year's Accomplishments
The 2009 objective was 4.5 deaths per 100,000 children aged 14 years and younger. The average rate for 2006 to 2008 was 4.5. This does not represent a statistically significant change from 4.8 deaths per 100,000 children aged 14 years and younger from 2005-2007. The rate of deaths per 100,000 children aged 14 years and younger has decreased in a linear fashion since 2001 (p=0.0031). Three-year averages were utilized due to the small number of annual deaths.

MFH continued as the lead State agency partnering with SKWW in Wyoming and contracted with CRMC to maintain the SKW State office. This program is focused on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. Local chapter activities are reported to the State Office monthly, and reviewed by the SKW leadership team on a quarterly basis.

MFH supported the SKW change in the structure of the state coalition to the State office-based model, which requires previously established chapters within the state to meet requirements to transfer to coalition status. This change was initially discussed at the SKW coordinator meeting held in July 2008, with plans to work toward the change by summer 2009. Four chapters have completed the Coalition Performance Assessment tool to evaluate their status in moving from a chapter to a coalition.

MFH served on the Safe Kids Leadership Team to provide financial and programmatic support to statewide efforts of the State office and local chapters of SKW. MFH funding supported seatbelt safety message billboards across the state and purchased infant, preemie, and special needs car seats. In 2009, SKW, through its chapters and programs, distributed 916 car seats and inspected 2090 car seats.

The Early Child and Adolescent Health Program Specialist attended the Safe Kid's Annual Coordinator's Conference in June 2009.

The SKW action plan for 2008-2009 identified a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. This was addressed through supporting enforcement of child restraint laws. Educational opportunities were offered for law enforcement offices in counties without a Safe Kids chapter. Child passenger safety certification classes were held to increase and maintain the number of certified technicians throughout the state. The goal to increase seatbelt and child restraint usage in Wyoming was addressed through funded billboards in strategic locations throughout the state and collaborative work with the Wyoming Seatbelt Coalition.

In May 2009, the Governor's Driving Under the Influence Leadership Team replaced the Governor's Council on Impaired Driving. Neither MFH nor SKW is represented on the new team, which was assigned very specific tasks.

MFH provided Capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services. PHN staff members in some county offices have been involved in local SKW chapters and certified as child passenger safety technicians to increase manpower needed to support SKW efforts at the local level.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Safe Kids Wyoming (SKW)				X
2. Safe Kids Wyoming (SKW) Coordinator Conference				X
3. Maternal and Family Health (MFH) Capacity Grants				X
4. Child Passenger Safety Training			X	
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities
MFH continues supporting the SKW change in the structure of the state coalition to the state office based model.

SKW's website provides information on a variety of child safety issues. 2010 focus issues were:

Radon Action, January;
Burn Awareness, February 7-13;
Poison Prevention, March 14-20; and
Safe Kids Week: Sports Safety, April 24-May 1.

MFH participated in SKW's May Sports Safety Kids Day.

MFH will send a representative to the Annual Safe Kids Chapter Coordinators meeting in June 2010.

MFH continues to provide Capacity grants to PHN offices.

c. Plan for the Coming Year
MFH and SKW will continue to support local chapters and coalitions to reduce child and adolescent deaths caused by motor vehicle crashes through targeted efforts. MFH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators. The Early Child and Adolescent Health Program Specialist and the MFH Fiscal Specialist will continue to share responsibilities for Safe Kids efforts, dividing responsibilities between fiscal and programmatic tasks. MFH will continue to support the changeover efforts of local SKW chapters to coalitions as identified in the SKWW restructuring plan.

MFH will continue to provide Capacity grants to county PHN offices to assist communities in the development, delivery, and quality evaluation of services to support local SKW chapter and coalition efforts.

During the MCH Needs Assessment, the Child and Adolescent Work group identified unintentional injuries, fatalities, and motor vehicle crashes as a top priority issue, prepared a data brief, and presented it to the Needs Assessment Steering Committee in December 2009. The Steering Committee selected reducing the rate of unintentional injury among children and adolescents as a final MFH priority. During the summer of 2010, a strategic planning process will be used to identify strategies to address this priority.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	45	46	47	44	47
Annual Indicator	45.0	42.9	42.9	46.6	46.6

Numerator	7248	2918	2918	3370	3468
Denominator	16106	6803	6803	7231	7443
Data Source				National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	48	49	50	51	51

Notes - 2009
As of 2004, the National Immunization Survey (NIS) now reports breastfeeding percentage based on the year of birth. The denominator is the number of live births in 2005. The numerator is estimated by using the percentage reported by NIS for the 2005 survey.

Notes - 2008
As of 2004, the National Immunization Survey (NIS) now reports breastfeeding percentage based on the year of birth. The denominator is the number of live births in 2005. The numerator is estimated by using the percentage reported by NIS for the 2005 survey.

Notes - 2007
The National Immunization Survey now reports breastfeeding percentage based on the year of birth. 2004 is the most recent year available. 2001-2003 indicators were corrected to this methodology by NIS and are as follows: 2001 (42.7%), 2002 (44.4%), 2003 (42.1%). The denominator is the number of live births in 2004. The numerator is estimated using the percentage reported by NIS for the 2004 survey.

a. Last Year's Accomplishments
The 2009 objective for mothers who breastfeed their infants at 6 months of age was 47%. Wyoming met this objective in 2009 with 47.9% of mothers breastfeeding their infants at 6 months of age. This was not a statistically significant increase from 46.6% in 2008.

Perinatal support services through PHN offices, including the NFP home visitation model, included breastfeeding education and support. PHN staff members trained as CLC encouraged and supported initiation and continuation of breastfeeding.

Referrals to WIC were encouraged through the PHN offices. WIC focuses on providing food prenatally and postpartum, with more robust food options for breastfeeding women. WIC also encouraged and supported breastfeeding.

Breast pumps were available for rental through some PHN offices to supplement WIC breast pump rental. Access to breast pumps for EqualityCare recipients is supported at the local and state level. Baby scales were available to assist PHN staff members in reassuring moms of breastfeeding success by demonstrating the amount of breast milk infants received during a breastfeeding session.

MFH offered Advanced CLC training in March 2009, and provided ten PHN registration scholarships. The attendees also included WIC staff members, clinical nurses from Wyoming, and other states.

The BSW continued as a limited CPHD project. A second mother's breastfeeding room was set up in one of the state office buildings in Cheyenne. There were three breastfeeding employees who were utilizing the first room for breastfeeding and pumping, and approval was obtained to set up a second MBR to accommodate the employees.

A statewide Breastfeeding Coalition was established during early 2009 as a partnership between WIC, MFH, and local facilities. The purpose was to support both initiation and continuation of breastfeeding to meet the 2010 Healthy People goals.

PRAMS data provided current information related to breastfeeding in Wyoming, including barriers to initiation and continuation of breastfeeding.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region. Twelve tribes were included on the planning committee, including both major tribes represented in Wyoming. Booklets were distributed through IHS and local county PHN offices to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum and the importance his support to encourage the mother to begin and continue to breastfeed.

Copies of the fact sheet, Infant Nutrition during a Disaster: Breastfeeding and Other Options, from the American Academy of Pediatrics (AAP), were provided to PHN offices to assist perinatal clients in developing crisis strategies.

MFH continued to research opportunities to provide evidence-based practice prenatal care teaching in support of breastfeeding initiation. Lamaze International was ultimately chosen due to their inherent support of holistic breastfeeding with prenatal teaching. MFH planned to provide 30 registration scholarships for clinical nurses and PHN to attend one of two training opportunities within the state. This is the first step to becoming certified as Lamaze Childbirth Instructors.

The HBB is a program that empowers parents to soothe babies reducing parental stress. This program has several goals including improving breastfeeding rates. The approach is used throughout the country, since crying babies can lead to poor let down of milk, which can increase stress and lead to fussiness of the infant.

Crying and fussiness can pressure the mom to stop nursing if she believes her milk is not satisfying to the infant. Other goals include improvement of paternal bonding and participation of the dad, which is linked to a decrease in Shaken Baby Syndrome. During the CY2009, 52 HBB certification kits were provided to Wyoming nurses and other entities, including IHS.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Parent Education, Outreach, and Support			X	
2. Women, Infants and Children Program (WIC)/Healthy Children Project Collaboration				X
3. Breastfeeding Support in the Workplace (BSW)				X
4. Breastfeeding Coalition/Baby Friendly Designation				X
5. Pregnany Ricsk Assessment Monitoring System (PRAMS)			X	
6. Professional Education				X
7. American Acedemy of Pediatrics (AAP)/Happiest Baby on the Block (HBB)				X

8. Promotion of American Indian Health			X	
9. Maternal and Family Health (MFH) Capacity grants				X
10. Translation Services			X	

b. Current Activities
MFH contracted with the Healthy Children Project to provide a Level I CLC class in March 2010. Fifteen WIC staff attended to become certified in addition to the 10 scholarships provided for PHN.

A proposal was presented to the WDH Management Council to approve the BSW project for WDH-wide implementation. WDH would be a leader in the promotion of support for breastfeeding in the workplace. It was well-received, and a final proposal has been prepared for approval.

The statewide Breastfeeding Coalition was launched in Casper in September 2009 in a one-day workshop presented by the Healthy Children Project, "Encourage Breastfeeding in Your Community and Make It a Successful Experience." MFH also provided "Recent Research and Best Practices," a one-day workshop in Sheridan to assist the local hospital move toward their Baby-Friendly distinction. Nineteen PHN staff, 10 WIC staff, and 12 clinical nurses from local hospitals were in attendance. All evaluations rated the workshops as excellent.

MFH contracted with Lamaze International to train nurses who provide prenatal classes in Wyoming, with 30 nurses receiving registration scholarships from MFH. Trainings were held in the spring of 2010.

c. Plan for the Coming Year
CLC-trained PHN staff members will encourage and support initiation and continuation of breastfeeding. WIC collaboration will continue support of breastfeeding. WIC provides breast pumps to moms, with EqualityCare continuing to reimburse PHN for eligible clients breast pump rental.

MFH will contract with the Healthy Children Project to provide Advanced CLC training in May 2011. Participants will be certifed as an Advanced CLC (ACLC) or Advanced Nurse CLC (ANCLC). The class includes time with mother-baby dyads experiencing various barriers to breastfeeding, and scholarships will be offered to PHN who are approved to attend.

PRAMS data will provide current information related to breastfeeding in Wyoming, including barriers to initiation and continuation.

The Wyoming Breastfeeding Coalition is expected to be instrumental in helping the BSW project become a WDH-wide project.

The Sheridan County Hospital is creating a baby-friendly Mother-Baby Unit. Along with the local Powell hospital, these would be the first baby-friendly hospitals in Wyoming. Many of the PHN and clinical staff members in these communities are CLCs. Baby-Friendly components include having written breastfeeding policies that are communicated to all healthcare staff members, informing all pregnant women of the benefits of breastfeeding, helping all postpartum women initiate breastfeeding within 1/2 hour of birth, and giving infants no water or formula unless medically indicated.

MFH staff members will continue to participate on the planning committee for several nurse conferences to ensure the most current breastfeeding evidence-based practice is available to Wyoming nurses who attend. MFH will provide limited financial assistance and planning of the 33rd Annual Perinatal Conference, in partnership with TCH in Aurora, Colorado; Ivinson Memorial Hospital; University of Wyoming School of Nursing in Laramie, Wyoming; and Poudre Valley

Hospital in Fort Collins, Colorado. The October 2010 conference will have lactation best practices on the agenda.

"The Coming of the Blessing," an informational booklet specific to both major tribes represented in Wyoming, will continue to be distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum and the importance his support to encourage the mother to begin and continue to breastfeed.

MFH will offer Capacity grants to PHN offices to assist communities in development, delivery, and evaluation of MFH services, including support of breastfeeding.

Translation services will be available for prenatal and breastfeeding classes as requested.

During the MCH Needs Assessment, supporting behaviors and environments that encourage initiation and extend duration of breastfeeding were chosen as a priority for MFH for the next five years. During the summer of 2010, a strategic planning process will be used to identify strategies to address this priority.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	99	99	97	97	98
Annual Indicator	96.9	96.2	96.4	97.6	97.0
Numerator	6540	6927	7046	7262	7223
Denominator	6746	7200	7310	7438	7443
Data Source				Wyoming Newborn Hearing program/ Wyoming Vital Rec	Wyoming Newborn Hearing program/ Wyoming Vital Rec
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	98.5	98.5	99	99	100

Notes - 2009
This data is from 2009 Wyoming births with occurrent births as the denominator.

Notes - 2008
This data is from 2008 Wyoming births with occurrent births as the denominator.

Notes - 2007
This data is from 2007 Wyoming births with occurrent births as the denominator.

a. Last Year's Accomplishments

The CY2009 objective of 98.0 was not met. The percentage of newborns screened for hearing before hospital discharge in 2009 was 97.0%. This is a statistically significant change from 97.6% in 2008. Previously, the percentage of newborns screened had consistently increased since 2005.

Legislation mandating that all children have their hearing screened at the time of birth before being discharged from the hospital became effective in Wyoming on April 1, 1999. Currently there are 21 birthing hospitals in Wyoming. Each of these hospitals participated in the EHDI program and has equipment available on site to perform newborn hearing screening.

MFH and EHDI continued to coordinate and educate Wyoming providers and tertiary care facility staff members on the importance of newborn hearing and metabolic screenings and referrals for patients. Child Development Centers and PHNs continued to refer families to MFH for Wyoming Genetic Counseling Services.

MFH and EHDI continued to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology or genetic evaluations.

EHDI's tracking system ensured infants born in Wyoming received a hearing screen or had a signed waiver refusing the screening.

VSS, EHDI, and NBMS collaborated to enhance the quality of screening reports. Since January 2006, birth certificates have been submitted electronically allowing for timelier reports. MFH collaborated with VSS to obtain death records of infants, decreasing the number of deceased infants tracked for missing screens.

Starting in July 2007, legislation passed allowing EHDI to bill hospitals for hearing screening. These funds are used to replace screening equipment at Wyoming hospitals as needed.

The CSH Program Manager participated as a member of the EHDI Advisory Board.

MFH received a State System Development Initiative (SSDI) Grant to develop a birth defects surveillance plan for Wyoming and to link data between VSS, EHDI, and NBMS.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Early Hearing Detection and Intervention (EHDI)			X	
2. Vital Statistics Services (VSS)				X
3. Support Data Systems (SDS)				X
4. Wyoming Genetic Counseling Services	X			
5. Transportation/Translation Services		X		
6. Maternal and Family Health (MFH) Capacity grants				X
7. Birth Defects Surveillance Plan				X
8.				
9.				
10.				

b. Current Activities

MFH, PHN, EqualityCare, EHDI, and Part C staff members continue to coordinate and educate tertiary care facility staff with WDH mandates to ensure referral of Wyoming families to applicable programs.

MFH and EHDI continue to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology or genetic evaluations. EHDI's tracking system ensures infants born in Wyoming receive a hearing screen or signed waiver. EHDI, MFH, PHN, and APS assure hearing screens are completed for infants hospitalized out-of-state. Referrals are made for infants not screened prior to hospital discharge.

VSS, EHDI, and NBMS continue to collaborate to enhance the quality of newborn screening reports.

Transportation and translation services are available for families who qualify for MFH and EqualityCare programs to assist in obtaining additional screenings or to attend genetic/metabolic specialty clinics.

EHDI provides educational workshops on hearing screening for Wyoming providers.

In collaboration with UW, EHDI holds Pediatric Audiology Specialty Clinics in Casper and Laramie.

Speech/language evaluation is available when appropriate. Clinics are held eight to ten times a year and include a team approach. The team consist of two audiologists, a speech/language therapist, a teacher for the deaf/hard of hearing (D/HH), a parent advocate, and an Ear, Nose, and Throat (ENT) Specialist.

The CSH Interim Program Manager participates as a member of the EHDI Advisory Board.

c. Plan for the Coming Year

The legislation providing for newborn hearing screening was amended in 2009 to include a mandate for EHDI to provide parent education on the testing procedures and the consequences of treatment or non-treatment.

MFH, PHN, EqualityCare, and EHDI, and Part C staff members will continue to coordinate and educate tertiary care facility staff members to ensure referral of Wyoming families to all applicable programs.

MFH and EHDI will continue to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology or genetic evaluations.

EHDI's tracking system will ensure infants born in Wyoming receive a hearing screen or have a signed waiver refusing screening.

EHDI, MFH, PHN, and APS will assure hearing screens are completed for infants hospitalized out-of-state. Referrals will be made for infants not screened prior to discharge.

MFH will continue to bill providers for newborn hearing screening on behalf of DDD.

MFH Capacity grants will continue to fund PHN perinatal services, which include providing information to families relating to the importance of all newborn screenings.

MFH staff members will continue to participate on the EHDI Advisory Board.

MFH will use SSDI funding to develop a state birth defects surveillance plan for Wyoming in 2010-2011.

Transportation and translation services will be available for families who qualify for MFH and EqualityCare programs to assist in obtaining additional screenings or to attend genetic/metabolic specialty clinics.

EHDI will provide educational workshops on hearing screenings for Wyoming providers as needed.

In collaboration with UW, EHDI will continue to hold Pediatric Audiology Specialty Clinics in Casper and Laramie with plans to add an additional clinic in Lander.

Speech/language evaluation will be available when appropriate. Clinics will be held eight to ten times a year and will include a team approach. The team will consist of two audiologists, a speech/language therapist, a teacher for the D/HH, a parent advocate, and an ENT.

VSS will educate birth hospitals on correct reporting of newborn screening results on birth certificates.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	9	9	10.5	8	9
Annual Indicator	12.3	8.2	8.2	9.2	8.8
Numerator	14061	9987	9987	11488	11664
Denominator	114321	121794	121794	125365	132542
Data Source				United States Census Bureau Table H105	United States Census Bureau Table H105
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	8.8	8.8	8.8	8.5	8.5

Notes - 2009
Indicator is from 2008 US Census data.

Notes - 2008
Indicator is from 2007 US Census data.

Notes - 2007
Indicator is from 2006 US Census data.

a. Last Year's Accomplishments
The objective for 2009 was to reduce the percent of children without health insurance to 9.0%. This objective was met in 2008 with 8.8% of Wyoming children less than 18 years of age without health insurance. This represents a statistically significant decrease from 9.2% in 2007.

Wyoming Genetic Counseling Services allowed individuals who did not have insurance or had inadequate insurance to be seen for consultation at no cost.

MFH participated on the GPCDD in order to streamline services for CSHCN.

OH participated on the Kid Care CHIP Coordination Committee to address dental needs.

The Wyoming Health Insurance Program (WHIP) was available for families to purchase insurance for their child who has a pre-existing condition.

Families were required to apply, utilizing the same application, for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This allowed families to have more comprehensive healthcare coverage. In addition, families who applied for EqualityCare and Kid Care CHIP and had a CSHCN were offered a referral to MFH. Referrals continued to be shared amongst WDH programs and associated entities.

MFH and PHN staff members followed-up with families who needed to reapply for WDH programs, assuring healthcare coverage continued.

MFH and Kid Care CHIP provided outreach and education throughout the state. MFH, PHN, EqualityCare, and Part C staff members coordinated visits to tertiary care facilities to educate staff members on Wyoming programs. This helped to ensure that Wyoming families were referred to WDH programs on discharge from tertiary care facilities.

Capacity grants to Wyoming counties provided funding for PHN staff members to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

To help identify and enroll children eligible for the Kid Care CHIP program, the "Healthy Kids, Healthy Communities" initiative has partnered Wyoming cities, towns and municipalities with Kid Care CHIP, Blue Cross Blue Shield, and Delta Dental to find and enroll eligible children into the program. Under this initiative, program partners were involved at three different levels: sharing program information; assisting in completion of program applications; and/or serving as an enrollment site, which includes the above activities and sending completed applications directly to the Kid Care CHIP program.

The Wyoming State Legislature considered the proposed Kid Care CHIP legislation in January 2009 to increase the maximum family income level for program eligibility, removing the requirements of federal approval and federal funding for participation of parents and guardians in the program, and authorizing families or guardians with higher incomes to buy program coverage for their children. This legislation did not pass, and as a result, the potential for increased Kid Care CHIP eligibility is down.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. EqualityCare/Kid Care Application			X	
2. Early Childhood Comprehensive Systems (ECCS)				X

3. State Children's Health Insurance Program (SCHIP) Coordination Committee				X
4. Wyoming Health Insurance Program (WHIP)			X	
5. Education of Providers/Families/Communitites				X
6. Translation/Transportation Services		X		
7. Maternal and Family Health (MFH) Capacity grants				X
8. Wyoming Genetic Counseling Services	X			
9.				
10.				

b. Current Activities
Families continue to be required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. Referrals are shared among APS, CHIP, DFS, and MFH.

Genetic Counseling Services allow individuals with inadequate or no insurance to be seen for consultation at no charge.

MFH and PHN staff members contact families who need to reapply for WDH programs, assuring healthcare coverage continues.

Through the Department of Workforce Services (DWS), Kid Care CHIP materials are given to families who become unemployed. These materials have become important during the current economic decline. Kid Care CHIP's HealthLink, an on-line application, offers an additional enrollment venue. The first phase of the project, completed in January 2010, allows families to apply from any computer with internet access. The second phase, to be completed in June 2010, allows families to renew or provide the program with updated information.

Kid Care CHIP's "Covering Wyoming Kids" created outreach and enrollment sites at PHN offices in nine counties and a partnership with the Community Health and Wellness Center (CHWC). The ten enrollment sites will facilitate enrollment through a "Health Front Door" concept and allow families to apply for health coverage through the online system.

"Be Happy, Be Healthy, Be You", part of the Kid Care CHIP program, focuses on teens and teen health.

WHIP is available for families to purchase insurance for children with pre-existing conditions.

c. Plan for the Coming Year
MFH will continue to provide services that Kid Care CHIP does not provide, including hearing aids, transportation, translation, and Level III care for newborns not eligible for SCHIP services during the first month of age.

MFH staff will access EqualityCare's EPICS system. This allows MFH staff to streamline the application process for CSH services for dual-eligible clients. Information will be shared with collaborating agencies to ensure healthcare coverage continues.

Genetic Counseling Services will continue to allow individuals who do not have insurance or inadequate insurance to be seen for consultation at no cost.

MFH will participate on the Governor's Planning Council on Developmental Disabilities in order to streamline services for CSHCN.

OH will continue to participate on the Kid Care CHIP Coordination Committee to address dental

needs of the MFH population.

WHIP will continue to be available for families to purchase insurance for their child who has a pre-existing condition.

Families will be required to apply, utilizing the same application, for EqualityCare and Kid Care CHIP prior to eligibility determination for MFH services. This will allow families to have more comprehensive healthcare coverage. Families who apply for EqualityCare and Kid Care CHIP who have a CSHCN will be offered referral to MFH services. Referrals will be shared among WDH programs and associated entities.

MFH and PHN staff members will contact families who need to reapply for WDH programs, assuring healthcare coverage is continued.

MFH will participate with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about available MFH, Kid Care CHIP, and EqualityCare programs. Capacity grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

MFH, PHN, EqualityCare, and Part C staff will continue to coordinate tertiary care visits to ensure Wyoming families are referred to WDH programs.

As staffing allows, MFH will work with the Kid Care CHIP program to identify specific ways that MFH can support the Teen CHIP program.

HealthLink will continue to provide families with the option of applying for enrollment from any computer with internet access and to renew or provide the program with updated information.

Kid Care's "Covering Wyoming Kids" will continue to support outreach and enrollment sites at PHN offices in nine counties and a partnership with the CHWC to facilitate enrollment through a "Health Front Door" concept and allow families to apply for health coverage through the online system.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		23	22	19	32
Annual Indicator	22.5	19.5	19.5	32.9	39.9
Numerator	1191	1141	1141	1889	2798
Denominator	5292	5850	5850	5747	7020
Data Source				Wyoming WIC Program Data	Wyoming WIC Program Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the					

last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	39.8	39.5	39	37	37

Notes - 2009
Data was not available from Pediatric Nutrition Surveillance System (PedNss), so data was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

Notes - 2008
Data was not available from Pediatric Nutrition Surveillance System (PedNss), so data was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

Notes - 2007
Data was not available from PedNss, so was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

a. Last Year's Accomplishments
The 2010 objective was to reduce the number of children, ages 2 to 5 years of age, receiving WIC services with a BMI at or above the 95th percentile to 32%. This objective was not met in 2010 with 52.8% of children ages 2 to 5 years with a BMI at or above the 95th percentile. This represents a statistically significant increase from the 2009 percentage of 32.9%.

The availability of care coordination and the NFP home visiting model was offered to pregnant women and families as a best practice strategy. The NFP home visiting model provided support to first time moms during and after pregnancy until the infant's second birthday. This program includes infant and child nutrition education.

WIC screened all children ages 2 to 5 years for BMI. Parents were asked a variety of nutrition and health questions to identify patterns in nutrition/health practices and lifestyle behaviors that may lead to adverse health outcomes. During WIC certification and follow-up appointments, nutritionists and nurses identified infants and children at risk for overweight (>85 percentile) or children who were overweight (>95 percentile). Those children at risk for overweight may be at risk based on a parental BMI of greater or equal to 30.

Once a child was identified as falling into one of these risk categories, answers to the nutrition/ health questions were reviewed to design a nutrition intervention plan. The nutritionist reviewed the child/family eating practices and discussed basic nutrition interventions to enable the child to grow along a more moderate growth curve. These interventions included discussion of the Food Guide Pyramid, questions related to foods coming into the house, timing of meals/snacks and what was offered, how much and the types of food consumed, where foods were consumed (at the table vs. snacking), a discussion of current physical activity patterns, and the nutritional needs of a growing child. The parent was usually asked to set a goal for the child, such as less TV time, more physical activity, eating more fruit/vegetables, focusing on non fat or low fat dairy products, limiting concentrated sweets like juice, and junk foods, and appropriate portion sizes. During follow-up appointments, a review of the goal was discussed, and revised, or a new more client-friendly goal was set.

In addition, the new WIC food packages, implemented October 1, 2009, provide healthier options for growing children including fresh fruit and vegetables; whole grain breads and cereals; brown rice; low, fat free, or reduced fat dairy; less juice; calcium--fortified orange juice; limited cheese; and enhanced incentives; and support of breastfeeding. WIC staff members believe these food

package changes better supported WIC participants and their families who want to make changes toward healthier lifestyles. In addition, there was a more focused approach toward daily physical activity reflecting the current recommendation of 60 minutes each day for encouraging child growth along more normal weight patterns.

MFH collaborated with WIC to assure evidence based educational opportunities are available to address childhood obesity, including videotapes which run continuously in some WIC office waiting rooms.

PHN referred families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH provided Capacity grants to PHN offices to increase capacity for communities to deliver and sustain services. MFH encouraged PHN staff members to take advantage of all opportunities to educate providers on the process of referring children to WIC when at or above the 85th BMI percentile. Examples of referral sources included local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions.

WDH promoted health in Wyoming families through the Commit to Your Health campaign.

Translation services were available through PHN and WIC offices to assure minority populations receive the same information related to healthy lifestyle.

In March 2009, MFH wrote a letter of support on behalf of the state based Nutrition, Physical Activity, and Obesity Program for Wyoming. If the proposal is accepted, this is an opportunity to influence youth in making healthy lifestyle choices, influence policies that may change environments for children, youth, and families, and help build infrastructure to support these needed changes.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Care Coordination Services			X	
2. Women, Infants, and Children Program (WIC) Collaboration				X
3. Cent$ible Nutrition Referral				X
4. Provider Education				X
5. Maternal and Family Health (MFH) Capacity grants				X
6. Translation Services		X		
7.				
8.				
9.				
10.				

b. Current Activities

MFH provides Capacity grants to PHN offices to increase capacity for communities to deliver and sustain services. The availability of care coordination and the NFP home visiting model through PHN is offered to pregnant women and families as a best practice strategy.

MFH and PHN collaborate with WIC to refer families when care coordination reveals a child under the age of 5 with a BMI at or above the 85th percentile. PHN refers families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

WIC is currently working to build a new data system. Data from the current system are only available as paper reports, and WIC data must be hand counted.

c. Plan for the Coming Year

PHN staff members will continue to collaborate with WIC to refer families when care coordination reveals a child under the age of 5 years with a BMI at or above the 85th percentile. PHN will also refer families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

WIC will screen all children ages 2 to 5 years for weight, height, and BMI. Nutritional and health questions will be asked of the parent to identify patterns in nutrition/health practices. Nutritionists and nurses will identify children at risk for overweight or children who are overweight. Once a child is identified, answers to the nutrition/ health questions will be reviewed to design a nutritional intervention and physical activity plan. Tailored food packages and health referrals to help those children grow in a more normal growth rate and pattern for age and height will be provided.

MFH will explore opportunities to partner with stakeholders to address the issue of childhood obesity in Wyoming. One opportunity will be to work with the WY Outside Initiative serving as the mechanism for communication and coordination among involved agencies to support the overall health and well-being of youth and their families. The vision is to foster the mind, body, and spirit of youth and families by inspiring a long-term appreciation of the Wyoming outdoors through education, interaction, and adventure. This group includes representation from Wyoming State Parks and Cultural Resources, National Parks Services, U.S. Service, U.S. Fish and Wildlife Service, Bureau of Land Management, Game and Fish Service, Wyoming Agriculture in the Classroom, Wyoming Tourism, and Wyoming Recreation and Parks Association. The focus for the work of this group will include those who reside in Wyoming, as well as those who visit the state. The first steps are to move forward to increase awareness and support of various projects undertaken by the involved agencies and incorporate support into all programs that work with youth and families. It is the goal within MFH to collaborate in the work of the WY Outside Initiative to support the needs of children and adolescents related to physical activity and nutrition.

During the MCH needs assessment, promoting healthy nutrition and physical activity among children and adolescents was chosen as a priority for MFH for the next five years.

During the summer of 2010, a strategic planning process will be used to identify strategies to address this priority.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		16.5	16.2	15	17
Annual Indicator		15.3	15.3	17.9	16.1
Numerator		1106	1106	1402	1316
Denominator		7231	7231	7832	8176
Data Source				Wyoming Pregnancy Risk Assessment	Wyoming Pregnancy Risk Assessment

				Monitoring Sys	Monitoring Sys
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	16	16	15.5	15	15

Notes - 2009
Indicator data are from the 2008 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Data from years prior to 2007 may not be comparable.

Notes - 2008
Indicator data are from the 2007 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Data from previous years may not be comparable.

Notes - 2007
Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

a. Last Year's Accomplishments
Indicator data are from the 2008 PRAMS survey. The objective for 2009 was to reduce the percentage of women who report smoking in the last three months of pregnancy to 17.0%. This objective was met in 2008 with 16.1% of women reporting smoking during the last three months of pregnancy. This represents a statistically significant decrease from the 2007 percentage of 17.9%.

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver them. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical. Prenatal assessment, education, referral for smoking cessation, and nutritional support are then available prior to the first prenatal visit with the physician.

MFH supplemented Title X funding to WHC, expanding the availability of Family Practice Clinics within Wyoming, and providing a repository for family planning data. WHC, the Title X designee, assured access to comprehensive family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy. Pregnancy testing and smoking cessation referral were also provided. MFH funded a PHP where women testing negative on a pregnancy test received a packet of materials to encourage smoking cessation prior to pregnancy.

Through WHC, MFH supplemented federal funds to expand the MHP within Wyoming to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Perinatal care coordination and the NFP home visiting model were offered to pregnant women. PHN staff provided prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes were offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

EqualityCare, in collaboration with WHC and MFH, received approval for an 1115(b) waiver PbC to expand Family Planning services to postpartum women from six weeks to one year, to include tobacco cessation support.

Several brochures were purchased through the Wyoming Quit Tobacco program for PHN use with pregnant women and their families. Examples are "Pregnancy and Second-hand Smoke," "Second-hand Smoke and Children," "Give a Gift to Your Baby," and "What Goes in You Goes in Your Baby."

MFH supported the MOD Prematurity Campaign by participation in the Program Services Committee at the state, regional, and national level. Additionally, the Wyoming MOD Chapter office created a Nursing Module Library, which included the 26 nursing modules not available on the MOD website. Nurses accessed the modules for self-study and obtained contact hours for unit completion. Examples include "Abuse During Pregnancy" and "Tobacco, Alcohol and Drug Use in Childbearing Families."

MFH and the CPHD EPI Section co-managed the Wyoming PRAMS project, which surveyed postpartum women about their experiences before, during, and after pregnancy. Questions about maternal tobacco use were included, as well as questions on how providers presented the need to quit smoking for optimal health of the infant.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy", is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes the importance of not smoking before or during pregnancy. Booklets were distributed through IHS and local county PHN offices to American Indian clients.

IHS continued to deliver primary health services to the WRR population, supplementing services provided through the county PHN offices including support and referral for smoking cessation.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Funding for Reproductive Health, Preconception Health Project (PHP), and Migrant Health Program (MHP)			X	
2. Perinatal Education, Referral, and Support			X	
3. Collaboration with other State Agencies				X
4. March of Dimes (MOD) Collaboration			X	
5. Pregnany Risk Assessment Monitoring System (PRAMS)			X	
6. Professional Education				X
7. Promotion of American Indian Health				X
8. Maternal and Family Health (MFH) Capacity grants				X
9. Translation Services		X		
10.				

b. Current Activities

MFH provides funds to supplement federal funds received by WHC to provide family planning and PHP throughout the state.

Perinatal care coordination and the NFP home visiting model are offered to pregnant women. PHN staff provide prenatal assessment and referral for women as early as possible in pregnancy. Prenatal classes are offered to individuals, groups, or families to highlight risks of substance use

during pregnancy, including tobacco.

PRAMS surveys are mailed monthly to random samples of postpartum women to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco. Reports will be useful in future perinatal policy and program revision and development.

MFH is invited to participate in the Tobacco Unit Strategic Planning process to assure MFH populations are addressed in the plan.

IHS continues to deliver primary health services to the WRR population, supplementing services provided through the county PHN offices, are support and referral for smoking cessation. "The Coming of the Blessing" booklets, which discourage smoking during pregnancy, will continue to be distributed.

Capacity grants are offered to PHN offices to fund delivery of MFH services.

Translation services are available through PHN offices to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

c. Plan for the Coming Year

MFH will supplement Title X funds to expand the availability of family planning clinics and PHP. WHC will assure access to family planning services for men and women. Clinics will provide contraceptive supplies and pregnancy testing on a sliding fee scale to assist families in planning an intended pregnancy. Women who test negative for pregnancy will receive a preconception packet, including educational materials on risks associated with tobacco use during pregnancy.

MFH will supplement the federal Migrant Health Program (MHP) to expand availability of PHP, translation, and prenatal service support for migrant and seasonal farm workers.

Perinatal care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy. PHN staff will provide prenatal assessment and referral for women as early as possible in pregnancy and will assist pregnant women in applying for PWP as appropriate, with necessary referrals made to Kid Care CHIP.

MFH will continue to collaborate with EqualityCare to enhance the referral system for pregnant women, increasing the percentage of women who access services and are offered care coordination, including smoking cessation referral and support. A woman who is on the PWP can apply annually for the PbC program, as long as she is EqualityCare-eligible. This waiver will allow postpartum women continued family planning support from six weeks to one year, including tobacco cessation services.

MFH will support the MOD Prematurity Campaign by participating in the Program Services Committee at the state, regional, and national level.

Wyoming PRAMS surveys will gather information regarding risk behaviors women engage in related to pregnancy, including smoking tobacco and provider support of cessation activities.

MFH will continue to participate on planning committees for several conferences to ensure EBP related to PHN practice will be included on the agenda. An example is the 33rd Annual Perinatal Update conference which will be held in Fort Collins, Colorado in October 2010 for Colorado and Wyoming nurses. The agenda includes a session on Screening, Brief Intervention, and Referral for Treatment (SBIRT) training and the services available in Wyoming.

IHS will deliver primary health services to the WRR population, supplementing services provided

through the county PHN offices, including support and referral for smoking cessation and distribution of "The Coming of the Blessing," booklets.

Capacity grants will continue to fund enhancement and delivery of MFH services through local PHN offices.

During the MCH Needs Assessment process, reducing the percentage of women who smoke during pregnancy was chosen as a priority for MFH for the next five years. MFH will hold a strategic planning session with partners and stakeholders around the new state priority to ensure appropriate strategies are identified to address this priority.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	13.5	15	17	13.5	13.5
Annual Indicator	17.1	14.0	14.0	15.1	13.7
Numerator	20	16	16	17	16
Denominator	117279	114371	114371	112399	116952
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	13.5	13	13	12.5	12.5

Notes - 2009
Due to numerators <20, data are reported as three-year rates (2006-2008).

Notes - 2008
Due to numerators <20, data are reported as three-year rates (2005-2007).

Notes - 2007
Due to numerators <20, data are reported as three-year rates (2003-2005).

a. Last Year's Accomplishments
The objective for CY09 was 13.5 suicide deaths per 100,000 teenagers 15 to 19 years of age. The rate for 2006-2008 was 13.7 per 100,000. This does not represent a statistically significant change from 15.1 for 2005-2007. Three-year rates were used to improve data reliability in measuring this performance measure due to small numbers of annual suicide deaths.

The Early Child and Adolescent Health Program Specialist represented MFH on the Wyoming

Youth Suicide Prevention Advisory Council, which provides advice and consultation in the development, implementation, and evaluation of goals of the Youth Suicide Prevention Initiative to reduce suicidal behavior among youth ages 10 to 24 years.

One component of the Youth Suicide Prevention Initiative is "Well Aware," designed to inform education leaders and policy influencers about the link between emotional well-being and academic achievement. The program includes a quarterly bulletin for school leaders, including school board members, superintendents, principals, and central office administration, which is available online and in print.

On April 3, 2009 'Well Aware" delivered a webinar to stakeholders in Wyoming. Capacity Building through Stronger School-Community Alliances: The Laramie Schools-Youth Alternatives Partnership for Student Progress featured a local superintendent of schools, a municipal court judge and the executive director of a Cheyenne-based social-service delivery program for at-risk youth and their families. Content was previewed in Wyoming's Well Aware print bulletin, with the webinar extending education outreach via the Internet.

Another component of the Youth Suicide Prevention Initiative is the interactive youth-centered website www.amillionmilesfromanywhere.com. A 2009 video contest with the theme of showing "how you let it out" generated numerous Wyoming entries and will be repeated in 2010.

The Early Child and Adolescent Health Program Specialist participated on the Sexual Minority Youth Advocates (SMYA) Task Force, which recommended wording to support Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) students in school district policies prohibiting harassment, intimidation, and bullying. The SMYA Task Force participated in two June 2009 training sessions and one train the trainer program designed to help educators understand, assess, and improve school climate safety for all youth, especially LGBTQ students.

The Early Child and Adolescent Health Program Specialist represented MFH on the Wyoming Healthy Student Success Model (WHSSM) Leadership Team. This group makes recommendations and provides technical assistance to school districts based on areas of need. Districts identified the need for training focused on suicide prevention and made connections to available training through the Youth Suicide Prevention Initiative. MFH supplied tip sheets focusing on safe and healthy children and adolescents to the WHSSM to use with parents and attended the WHSSM April 2009 conference, sharing youth suicide information and participating on a technical assistance round table.

MFH has participated in high fidelity wraparound training provided through the SAGE Initiative to support local capacity building to provide wraparound services to youth and families.

MFH provided Capacity grants to county PHN offices to assist in development, delivery, and evaluation of services. Many PHN offices have been involved on suicide prevention coalitions to support this work at the local level.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Wyoming Youth Suicide Prevention Advisory Council				X
2. Well Aware Program				X
3. Sexual Minority Yourth Advocates (SMYA) Task Force			X	
4. Wyoming Healthy Students Sucess Model (WHSSM) Coordinated School Health Program			X	
5. Wyoming Department of Education (WDE) At-Risk Task Force			X	

6. Support, Access, Growth, Empowerment Inititative (SAGE)			X	
7. Maternal and Family Health (MFH) Capacity grants				X
8. Development of State Youth Council				X
9.				
10.				

b. Current Activities
MFH staff attends Wyoming Youth Suicide Prevention Advisory Council meetings as time allows.

The Early Child and Adolescent Health Program Specialist, the MHSASD Youth Advocate for Prevention, WDE, and DFS designed a proposal for a state youth council and gave a white paper to MHSASD's Deputy Director. MHSASD presented the paper to the PTAC, which tabled the issue.

The WDE At-Risk Task Force finalized recommendations for a statewide plan to address needs of at-risk students, including teen suicide. Recommendations include a multi-agency service model. Phase II of the project is underway in WDE. MFH is not involved in this phase.

The Child and Adolescent Work Group identified suicide as a top priority issue and submitted a data brief to the MFH Needs Assessment Steering Committee, which did not select suicide as a final MFH priority issue. Collaboration with MHSASD supports state and local suicide prevention efforts.

MFH continues Capacity grants to county PHN offices.

c. Plan for the Coming Year
MFH will continue to support the efforts of the Wyoming Youth Suicide Prevention Advisory Council and send a representative to its meetings as staffing allows.

One component of the Wyoming Youth Suicide Prevention (WYSP) Initiative is to support community-based programs to reduce the risk of youth suicide. The Initiative will continue funding and working with two Wyoming communities, Park and Sheridan Counties, to develop a comprehensive, science-based approach to youth suicide prevention. These two communities will serve as pilot communities for establishing specific programs and processes for at-risk youth, including early intervention and assessment services, referrals, support, and programs. Training will be provided for educators, mental health professionals, and providers of childcare services. Pilot community strategic plans will be completed in August 2010 and implementation will begin in September 2010. On-going technical assistance and evaluation of the two programs will be provided.

MFH will continue to facilitate connections between the Suicide Prevention Team Leader and other program and organizational partners to promote and support suicide prevention training opportunities throughout the state.

MFH will continue to support the efforts of the SMYA Task Force to implement sexual orientation policies and changes in all schools, and to develop system capacity building to make the "Safe Schools for All" training available statewide and, as staffing allows, participate in SMYA Task Force meetings.

When this vacant position is filled, the Early Child and Adolescent Health Program Specialist will continue to work with the MHSASD Youth Advocate for Prevention, WDE, and DFS to design and implement a state youth council that may be established when funding is available.

MFH will work with PHN staff to identify programs and methods to support statewide wraparound

service provision.

MFH will continue to provide Capacity grants to county PHN offices to support their continued involvement in local suicide prevention efforts.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	79	71	67	61	71
Annual Indicator	64.0	59.1	59.1	70.4	67.0
Numerator	57	52	52	57	61
Denominator	89	88	88	81	91
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	72	73	74	75	76

Notes - 2009
Wyoming has no tertiary care facilities. These data are from 2008 Vital Records.

Notes - 2008
Wyoming has no tertiary care facilities. These data are from 2007 Vital Records.

Notes - 2007
Wyoming has no tertiary care facilities. These data are from 2006 Vital Records.

a. Last Year's Accomplishments
The 2009 objective of 71.0% was not met. In 2008, the percent of VLBW infants born at high-risk facilities was 67.0%. This does not represent a statistically significant change from 70.4% in 2007.

Due to the low numbers of providers in Wyoming, not all communities have providers available to care for pregnant women or hospitals to deliver babies. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. The need to be in contact with women through the PHN offices as early as possible during pregnancy becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

MFH funded WHC to expand the availability of family planning clinics within Wyoming and assured access to comprehensive, high quality, voluntary family planning services for men and

women. MFH funded a PHP where all women who had a negative pregnancy test received a packet of information on intendedness of pregnancy, condoms, and a supply of prenatal vitamins with folic acid. Through WHC, MFH funded the expansion of Migrant Health services to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers. All of these efforts are designed to improve birth outcomes.

Care coordination and the NFP home visiting model were offered to pregnant women and families as a best practice strategy to assist in the identification of high-risk pregnancies. PHN staff members provided prenatal assessment and referral for women as early as possible in pregnancy, assisted in applying for EqualityCare's PWP and to Kid Care CHIP.

Group and individual prenatal classes were offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH continued to research opportunities to provide evidence based practice prenatal care teaching. MFH chose to contract with Lamaze International due to its holistic prenatal teaching philosophy.

The MHR and NBIC Programs provided financially and medically eligible high-risk mothers and infants access to necessary specialty care. Family-centered services were promoted by per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

Because there are no tertiary care facilities for infants within the state of Wyoming, tertiary care visits were conducted in neighboring states, which are the destinations of pregnant women and infants in need of tertiary care. This helped to ensure all Wyoming families were being referred to MFH for follow-up services.

"Plan for the Unexpected When You are Expecting" placards were updated and distributed to PHN offices and other entities to give to pregnant women at approximately 20 weeks gestation. The placards give a concise list of what is needed when a pregnant woman is transported to tertiary care, such as insurance/EqualityCare numbers, significant phone numbers, a change of clothing, cash for food and medications needed for both the mom and whoever accompanies her to the facility.

Because inadequate maternal weight gain is a risk factor for low birth weight, the HBWW project was used to target providers to assure women gained adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including Cent$ible Nutrition, Community Health Centers, EqualityCare, Family Planning clinics, IHS, local and tertiary care hospitals, MHP, MOD, and WIC.

Encouraging pregnant women to gain the recommended amount of weight during pregnancy was expected to improve term delivery rates.

PRAMS provided current information related to pregnant women accessing prenatal care, including out of the state specialty care.

The MOD Newborn Intensive Care Unit (NICU) Support Project placed a support person within a NICU in each state except Wyoming. Wyoming families transported out-of-state to tertiary care received a NICU backpack. The pack included a baby blanket; MFH, HBWW, and "Plan for the Unexpected When You Are Expecting" materials; books to read to the baby; and various MOD materials. MOD materials included a Newborn Intensive Care Unit (NICU) Guide/Glossary, "You and Your Baby in the NICU," and a NICU journal.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for Reproductive Health, Preconception Health Project (PHP), and Migrant Health Program (MHP)				X
2. Pernatal Education, Outreach, and Support		X		
3. Lamaze Childbirth Educator Program				X
4. Maternal High Risk (MHR)/Newborn Intensive Care (NBIC) Programs		X		X
5. Tertiary Facility Visits/Plan for the Unexpected When You Are Expecting			X	X
6. Group Prenatal Classes			X	
7. Healthy Baby is Worth the Weight (HBWW)/Pregnancy Risk Assessment Monitoring System (PRAMS)				X
8. March of Dimes (MOD) Collaboration				X
9. National Perinatal Summit				X
10. Maternal and Family Health (MFH) Capacity grants				X

b. Current Activities

Prenatal classes offered through PHN offices address the importance and value of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. in April and May 2010Lamaze International trained nurses to provide prenatal classes in Wyoming. This is the first step toward becoming Lamaze certified instructors.

MFH provides limited assistance for eligible mothers and infants transported to tertiary care facilities. MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver, Colorado; Salt Lake City, Utah; Idaho Falls, Idaho; Billings, Montana; and Rapid City, South Dakota.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

The PRAMS project continues to collect and analyze survey data on mothers who deliver their infants outside of the state of Wyoming. Out-of-state birth data for Wyoming residents is included in the sample to ensure information is collected from women who deliver at tertiary care facilities.

c. Plan for the Coming Year

MFH will continue to provide Capacity grants to county PHN offices to assist in development, delivery, and evaluation of services. The availability of perinatal care coordination and the NFP home visiting model will continue to be offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff members will provide prenatal assessment and referral for pregnant women, and they will be assisted in applying for EqualityCare's PWP and Kid Care CHIP as appropriate.

Individual and group prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance during pregnancy. It is hoped that nurses who attended the Lamaze training in

spring 2010 will become certified Lamaze childbirth educators in October 2010. Thus, the majority of prenatal classes taught in the state will be assured to include the most current evidence based practice.

MFH will continue to provide limited financial assistance through the MHR and NBIC programs for financially and medically eligible high-risk mothers and infants. Families who may be at risk for an inherited disease or an abnormal pregnancy outcome can apply for genetic services if they are financially eligible for the MHR program.

Tertiary care visits will be conducted in Denver, Colorado; Salt Lake City, Utah; Idaho Falls, Idaho; Billings, Montana; and Rapid City, South Dakota to assure all Wyoming families are being referred to MFH for follow-up services.

"Plan for the Unexpected When You Are Expecting" placards will be distributed to all PHN offices and other entities, such as MOD, EqualityCare, WIC, Casper Community Health Center, and local hospitals. The placards will be provided to pregnant women at approximately 20 weeks gestation.

Non-citizens will continue to be eligible for emergency delivery services, but not prenatal care, through EqualityCare PWP. Teton County will continue to offer a group prenatal classes for pregnant women who do not qualify for EqualityCare services.

HBWW will continue to be promoted through numerous PHN offices and other community partners such as Cent$ible Nutrition, Community Health Centers, Equality Care, Family Planning clinics, IHS, local and tertiary care hospitals, MHP, MOD, TriCare, and WIC to assure providers are aware of the risk of inadequate weight gain during pregnancy.

PRAMS will continue to collect survey data.

MOD will continue to provide a NICU support backpack toWyoming families transported out of state to tertiary care . The pack will include a blanket for the baby; MFH, HBWW, and "Plan for the Unexpected When You Are Expecting" materials; books for the parents to read to the baby; and various MOD materials.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	89	85	85	65	65
Annual Indicator	81.4	60.2	64.9	64.9	67.4
Numerator	5886	4597	4957	4957	5514
Denominator	7231	7640	7640	7640	8176
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and					

therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	67.5	67.5	67.5	70	70

Notes - 2009
Data reported for 2008 births. Wyoming began using the new birth certificate in 2006, which asks about prenatal care differently than the old birth certificate. Therefore, this indicator is not comparable to those for previous years.

Notes - 2008
Data reported for 2007 births. Wyoming began using the new birth certificate in 2006, which asks about prenatal care differently than the old birth certificate. Therefore, this indicator is not comparable to those for previous years.

Notes - 2007
Data reported for 2006 births. Wyoming began using the new birth certificate in 2006, which asks about prenatal care differently than the old birth certificate. Therefore, this indicator is not comparable to those for previous years.

a. Last Year's Accomplishments
The 2009 objective was 65%. Wyoming met this objective in 2008 with 67.4% of infants born to women receiving prenatal care in the first trimester. This does not represent a statistically significant change from the 2007 percentage of 66.2%. Wyoming began using the new 2003 birth certificate in 2006.

Due to the low number of providers in Wyoming, not all communities have providers available to care for pregnant women. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical.

Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician. Capacity grants were offered to PHN offices to fund enhancement and delivery of MFH services. Perinatal care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff members provided prenatal assessment and referral for pregnant women as early as possible. PHN staff members assisted pregnant women in applying for EqualityCare's PWP and Kid Care CHIP when necessary.

MFH funded WHC to expand the availability of family planning clinics within Wyoming and provide a repository for family planning data. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy. The funding included implementation of a PHP where all women who have a negative pregnancy test received a packet of information on intendedness of pregnancy, several condoms, and a three month supply of prenatal vitamins with folic acid. One goal of this project is to increase the percentage of intended pregnancies, which, in turn, could increase the percentage of women receiving prenatal care in the first trimester.

Through WHC, MFH provided supplemental funding to MHP for translation, prenatal service support, and PHP to migrant and seasonal farm workers.

MFH continued to research opportunities to provide evidence based practice for prenatal care teaching. Ultimately, MFH chose to contract with Lamaze International because of its holistic prenatal teaching philosophy.

Funds were allocated to purchase prenatal vitamins to be available through PHN offices to supplement the PHP through Family Planning clinics.

EqualityCare was granted an 1115(b) waiver to expand Family Planning services to postpartum women, which is called Pregnant by Choice.

The MFH and CPHD EPI Sections co-managed the Wyoming PRAMS project. The survey provided current information related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

Translation services were available through each PHN office to assure minority populations received the same information related to healthy lifestyle and prenatal care.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for Reproductive Health, Preconception Health Project (PHP), and Migrant Health Program (MHP)				X
2. Perinatal Educaton, Support, Referral/Care Coordination/Group Prenatal Classes			X	
3. Pregnant by Choice(PbC) Program/Kid Care Childrens Health Insurance Program (CHIP)		X		
4. Lamaze Childbirth Educator Program				X
5. Pregnany Ricsk Assessment Monitoring System (PRAMS)				X
6. Collaboration With Other Entities Who Serve the Perinatal Population/Professional Edcuation Collaboration				X
7. Promote American Indian Health				X
8. Maternal and Family Health (MFH) Capacity grants				X
9. Translation Services			X	
10.				

b. Current Activities

MFH provides funding to WHC to supplement Title X funds, thus expanding the availability of family planning clinics throughout the state.

Capacity grants are offered to PHN offices to fund enhancement and delivery of MFH services. Prenatal classes offered through PHN offices address the importance and value of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. Lamaze International trained nurses who provide prenatal classes in Wyoming in April and May 2010. This is the first step toward becoming Lamaze certified instructors.

Non-citizens are eligible for emergency delivery services, with no prenatal care, through EqualityCare's PWP. Teton County offers a group prenatal model for pregnant women who do not qualify for EqualityCare services.

The PbC program is available to postpartum women who remain eligible for EqualityCare until age 44. Kid Care covers Family Planning services for eligible recipients.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," an informational booklet specific to both major tribes represented in Wyoming, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum;

the importance of early, consistent, and adequate prenatal care; nutrition during pregnancy; and the risks of substance use during pregnancy.

c. Plan for the Coming Year
MFH will continue to provide funding to supplement Title X funds to expand the availability of family planning clinics within Wyoming to assist families in planning an intended pregnancy.

MFH will continue to provide funding through WHC to expand Migrant Health services within Wyoming, providing translation, prenatal service support, and PHP to migrant and seasonal farm workers.

PHN staff members will offer care coordination to pregnant women, with prenatal assessment and referrals as early as possible in pregnancy, assistance in applying for PWP, and referral to Kid Care CHIP as needed. Discussions are ongoing to address health needs of women who are eligible only for the EqualityCare emergency delivery services. Teton County will continue to offer a group prenatal model for pregnant women who do not qualify for EqualityCare services.

It is hoped nurses who attended the Lamaze training in spring 2010, will become certified Lamaze childbirth educators in October 2010. Thus, the majority of prenatal classes taught in the state will be assured to include the most current evidence based practice.

The PbC waiver will allow women access to birth control methods to support intended pregnancy. Kid Care will continue to cover Family Planning services for eligible recipients.

PRAMS data gathered will provide information regarding risk behaviors, access to prenatal care, and folic acid intake.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy" booklets will be distributed through IHS and local county PHN offices to American Indian clients.

Capacity grants will continue to be offered to PHN offices to fund enhancement and delivery of MFH services.

D. State Performance Measures

State Performance Measure 1: *Percent of deaths in children and youth ages 1-24 due to non-motor vehicle related unintentional injuries.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	18.7	15	14	13.5	14.5
Annual Indicator	14.3	15.3	15.3	15.6	14.2
Numerator	44	46	46	48	45
Denominator	307	301	301	307	317
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final

	2010	2011	2012	2013	2014
Annual Performance Objective	14	13.5	13	13	

Notes - 2009
Data are three-year averages (2006-2008) due to numerators <20 for single years.

Notes - 2008
Data are three-year averages (2005-2007) due to numerators <20 for single years.

Notes - 2007
Data are three-year averages (2004-2006) due to numerators <20 for single years.

a. Last Year's Accomplishments
Of the total deaths to children and youth ages 1 to 24 years in 2008, 14.2% were due to non-motor vehicle related unintentional injuries, and the 2009 objective of 14.5% was met. While this represents a slight decrease from 15.6% in 2007, the decrease is not statistically significant.

MFH continued as the lead state agency for SKWW in Wyoming and contracted with CRMC to maintain the SKW state office. This program is focused on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. Local chapter activities were reported to the SKW state office monthly and reviewed by the SKW leadership team on a quarterly basis. MFH supported the SKW change in the structure to the state office-based model, which requires previously established chapters within the state to meet requirements to transfer to coalition status. Four chapters completed the Coalition Performance Assessment tool to evaluate their status in moving from a chapter to a coalition.

MFH served on the SKW leadership team to provide financial and programmatic support to statewide efforts of the state office and local chapters of SKW. MFH supported SKW's action plan goals focusing on improving child injury prevention messages and parent and caregiver education and strengthening the state office to serve as a resource center to promote best practices of SKWW.

MFH provided funding to SKW to sponsor promotional billboards focusing on child safety statewide.

The Wyoming Fire Marshal's office collaborated with SKW to dissuade people from using novelty lighters, shaped like children's toys. Based upon the Oregon Fire Marshal's novelty lighter website, the Wyoming site is still under construction.

MFH and WCMIFRT representatives attended the "Keeping Kids Alive" national symposium in May 2009. Information from this conference facilitated further discussions with WCMIFRT to consider a prevention focus to the current child fatality review process.

MFH provided brochures from the National Center for SBS, as well as flyers and posters on shaken baby prevention, to PHN offices, IHS clinics and to local hospitals.

In 2008, MFH funded 100 the Happiest Baby on the Block (HBB) certification kits for nurses within the state to become certified, and 1,000 parent kits to be given to the parents who attended Happiest Baby Classes taught by the certified trainers. Certification kits were also provided to Foster Care Coordinators throughout the state. The HBB approach improves paternal bonding and participation of the dad, which is linked to a decrease in SBS.

MFH provided Capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services focused on prevention of unintentional injuries. PHN

staff was also involved in local child fatality review teams.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Safe Kids Wyoming (SKW)				X
2. Safe Kids Wyoming (SKW)				X
3. Novelty Lighter Program/State Fire Marshal (SFM)			X	
4. Wyoming Child Major Injury and Fatality Review Team (WCMIFRT)				X
5. Happiest Baby on the Block (HBB)			X	
6. Materna and Family Health (MFH) Capacity grants				X
7. "Keeping Kids Alive" Symposium				X
8.				
9.				
10.				

b. Current Activities

MFH continues to support SKW's action plan goals focusing on improving child injury prevention messages.

The WDH Preventive Health and Safety Division is coordinating a State Technical Assessment Team (STAT) visit, a first step required before Wyoming may receive funding for an injury program.

MFH is in the early planning stages for implementation of a co-sleeping initiative. MFH provided funds from the Preventive Health and Health Services Block Grant to SKW to provide car seats, bike helmets and portable cribs to families who cannot afford these items.

During CY 2009, 52 Happiest Baby on the Block (HBB) certification kits were provided to Wyoming nurses, and other entities.

MFH continues to provide Capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services designed to address prevention of unintentional injuries. PHN staff members are involved in local child fatality review teams to provide medical expertise in cases under review.

MFH is not currently involved with the WCMIFRT, but will participate if WCMIFRT considers a prevention focus to the current child fatality review process.

c. Plan for the Coming Year

MFH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators.

MFH will continue to support SKW action plan goals centering on parent and caregiver education, the Wyoming Fire Marshall's Office (WFM) novelty lighter campaign, and strengthening the state office as a resource center to promote best practices of SKWW.

MFH will continue to work on implementing a co-sleeping initiative, which will include distributing portables cribs to families without cribs.

MFH will continue to provide Capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services to support local SKW chapter and coalition efforts focusing on the prevention of unintentional injuries. PHN staff will continue their involvement in local child fatality review teams.

The MCH needs assessment process identified reducing the rate of unintentional injury among children and adolescents as a priority for MFH for the next five years. Through a strategic planning process, MFH will identify and implement strategies to reduce the rate of unintentional injury among children and adolescents.

State Performance Measure 2: *Percent of high school students using alcohol in the past 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	46	45.4	43	42.4	40
Annual Indicator	45.4	45.4	42.4	42.4	41.7
Numerator	12271	12261	11490	11380	11008
Denominator	27029	27007	27098	26839	26397
Data Source				2007 Wyoming Youth Risk Behavior Survey	2007 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	40	38	38	37	

Notes - 2009
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2009 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2008-2009 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2008
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2007
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to 12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

a. Last Year's Accomplishments
The 2009 objective (40%) was not met with 41.7% of high school students reporting alcohol use in the past 30 days in 2008. This does not represent a statistically significant change from 42.4% in 2007. The percentage of high school students who report using alcohol has decreased in a linear fashion since 2001 (p=0.0027). This measure is assessed every other year.

In May 2009, the Governor's Driving while Under the Influence (DUI) Leadership Team replaced the Governor's Council on Impaired Driving. MFH is not represented on the new team, which was assigned very specific tasks.

At the annual Governor's Awards Banquet in May 2009, an education and prevention award was given to Alcohol Wellness Alternatives, Research, and Education (AWARE), a University of Wyoming program that promotes personal wellness through guidance, education, research, and collaboration focused on healthy choices about the use of alcohol and other drugs.

The Early Child and Adolescent Health Program Specialist represented MFH in a consultant role to WHSSM coordinated school health grantees. Information on a variety of topics, including teen alcohol use, was shared at the 2009 Spring Booster to support system building efforts within the represented school districts.

"The Line," a statewide advertising campaign focusing on alcohol and tobacco use, issued a campaign focused on underage drinking, binge drinking, and driving while under the influence and the harm these activities can cause to others. Over 1300 people have submitted personal stories to "The Line" website (http://www.wedrawtheline.com/main). The stories focus on the consequences resulting from when they or someone they know "crossed the line."

MFH continued to support PHN offices to play an integral role in prevention messages to the adolescent population regarding alcohol and substance use. This included participation on local committees, councils, and task forces focused on the reduction of underage drinking and addressing specific needs at the local level.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Governor's Council on Impaired Driving				X
2. Wyoming Healthy Student Success Model (WHSSM) Coordinated School Health Programs			X	
3. Multi-Agency Collaboration to Develop State Youth Council				X
4. Mental Health and Substance Abuse Services Division (MHSASD) “The Line” Campaign				X
5. Maternal and Family Health (MFH) Capacity grants				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Early Child and Adolescent Health Program Specialist, the MHSASD Youth Advocate for Prevention, WDE, and DFS designed a state youth council proposal to facilitate youth engagement and advice on prevention messages focused on alcohol use among adolescents. A white paper given to the MHSASD's Deputy Director and presented to the PTAC was tabled as no funding is available.

"The Line" advertising campaign continues.

The Early Child and Adolescent Health Program Specialist continued to support WDE's development and implementation of comprehensive services for at-risk students, including those

at risk from use and abuse of alcohol. Recommendations include establishing a multi-agency service model. Phase II of the project is underway, but MFH is no longer involved.

MFH continues to support PHN offices.

Wyoming's governor signed a bill that creates and expands offenses for persons under age 21 who attempt or gain admittance to liquor dispensing rooms or drive-in liquor areas.

c. Plan for the Coming Year

As a result of the recent MCH needs assessment, this priority was not chosen to be continued for the next five years. The main reason for this decision was because alcohol use is addressed by the MHSASD. State infrastructure and capacity to address alcohol use by teens and young adults has been developed and supported through the MHSASD strategic prevention framework at the county level in Wyoming.

The Early Child and Adolescent Health Program Specialist will continue to work toward the development of a state youth council to serve as a resource for effective state level program development as funding and staff are available.

The Early Child and Adolescent Health Program Specialist will continue to represent MFH in a consultant role to WHSSM coordinated school health grantees and to participate in the annual Spring Booster to support system building efforts within the represented school districts as MFH staff are available.

State Performance Measure 3: *Percent of high school students who report tobacco smoking in the past 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	24	22.5	22	20.8	19.5
Annual Indicator	22.5	22.5	20.8	20.8	22.1
Numerator	6082	6077	5636	5636	5834
Denominator	27029	27007	27098	27098	26397
Data Source				2007 Wyoming Youth Risk Behavior Survey	2009 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	19.5	19	19	18.5	

Notes - 2009

Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2009 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2008-2009 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2008
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2007
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator

a. Last Year's Accomplishments
The 2009 objective (19.5%) was not met with 22.1% of high school students reporting tobacco use in the past 30 days. This represents a statistically significant increase in the percent of high school students who smoke tobacco from the 2007 (20.8%). This measure is assessed every other year.

WDH continued to use tobacco settlement money to implement a comprehensive tobacco prevention and control program outlined in state statute. Program goals focused on protecting citizens from secondhand smoke exposure, reducing youth tobacco use rates, and increasing the percentage of adults and youth tobacco users who quit or attempt to quit. Three programs within the WDH tobacco prevention and control plan had a youth focus. "Through with Chew" is aimed at preventing spit tobacco use. "Wyoming Quit Tobacco" is a cessation program utilizing a Quitline and Quitnet services. "Tobacco Free Schools of Excellence" is a school-based tobacco prevention and cessation program.

Two ongoing research-based teen programs continued to be provided through the Wyoming Prevention Technical Assistance Consortium. "Intervening with Tobacco Users" is an eight-session program for teens that have been caught using tobacco but do not want to quit. The program teaches the negative consequences of tobacco use to motivate teens to want to quit. Schools use this program as an alternative to suspension and juvenile courts. "Helping Teens Stop Using Tobacco" is an eight-session voluntary cessation program for teen tobacco users who want to learn how to quit using tobacco. Both programs meet the seven "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" established by the CDC. The programs are easy to use, culturally sensitive, appropriate for diverse populations, and address cigarette, cigar, and spit tobacco use. Facilitator training for these programs was offered to individuals concerned about the health of young people, specifically those who use tobacco.

The "Wyoming Quit Tobacco Program" continued to be implemented by MHSASD through a contract with the American Cancer Society. The program utilizes a Quitline and Quitnet services. Counseling services were available to teens through Quitline counselors skilled and knowledgeable in working with adolescents.

The Early Child and Adolescent Health Program Specialist represented MFH on the WHSSM Leadership Team. This group makes recommendations and provides technical assistance to school districts based on areas of need. MFH supplied tip sheets focusing on safe and healthy children and adolescents to the WHSSM to use with parents and attended the WHSSM April 2009 conference, sharing youth tobacco use information and participating on a technical assistance round table.

MFH continued to support the WDH's statewide advertising campaign, "The Line," which focuses on alcohol and tobacco use. The key concept behind the campaign is "no secondhand harm." The campaign concentrates on personal responsibility and compelling people to take action with campaign messages centered on smoking, secondhand smoke, and the use of spit tobacco. Campaign messages direct people to visit a website and to read others' descriptions of when

"they crossed the line." People can also submit their own stories at "The Line" website at http://www.wedrawtheline.com/main.

MFH provided Capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans emphasize child and youth health promotion. MFH collaborated with local offices to offer expansion and social marketing ideas intended to increase interest in programs which focus on prevention efforts. PHN staff was also involved with task forces and coalitions addressing specific needs of adolescents at the local level.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Department of Health (WDH) Tobacco Prevention and Control Programs				X
2. Wyoming Prevention Technical Assistance Consortium				X
3. Wyoming Quit Tobacco Program				X
4. Wyoming Healthy Student Success Model (WHSSM) Coordinated School Health Program			X	
5. Mental Health and Substance Abuse Services Division (MHSASD) “The Line” Campaign				X
6. Maternal and Family Health (MFH) Capacity grants				X
7.				
8.				
9.				
10.				

b. Current Activities

New state legislation allows minors 12 years of age or older to consent to healthcare to participate in WDH approved tobacco cessation programs.

The Early Child and Adolescent Health Program Specialist partnered with the MHSASD's Youth Advocate for Prevention position to collaborate and support adolescent tobacco awareness programs.

The WDE At-Risk Task Force finalized recommendations for a statewide plan to address needs of at-risk students. Phase II of the project is underway in WDE, but MFH staff is not involved.

The Early Child and Adolescent Health Program Specialist, the MHSASD Youth Advocate for Prevention, WDE, and DFS designed a proposal for a state youth council. A white paper given to the MHSASD's Deputy Director was presented to the PTAC, which tabled it as funding is not available.

The Women and Infant Health Coordinator is a member of the newly formed state Tobacco Coalition and will participate in this group's strategic planning process to ensure MCH populations are addressed.

Following a long history of tobacco company sponsorship in the rodeo world, WDH has signed as a gold sponsor of the 2010 Cheyenne Frontier Days celebration. As a result, the world's largest outdoor rodeo will have no tobacco advertising this year.

Capacity grants to counties continue to fund PHN service delivery.

c. Plan for the Coming Year
As a result of the recent MCH needs assessment, this priority was not chosen to be continued for the next five years. The main reason for this decision was because tobacco use is addressed by the MHSASD. State infrastructure and capacity to address tobacco use by teens and young adults has been developed and supported through the MHSASD prevention efforts at the county level in Wyoming. However, reducing the percentage of women who smoke during pregnancy has been chosen as a priority for MFH for the next five years. MFH will work with MHSASD and other partners through the strategic planning process to identify strategies to prevent women from starting smoking and to encourage them to stop.

The Early Child and Adolescent Health Program Specialist will continue to work with the MHSASD Youth Advocate for Prevention, WDE, and DFS to design and implement a state youth council that may be established when funding and staff are available.

MFH will support this infrastructure and capacity building through Capacity grants to PHN offices to support their involvement in work related to tobacco use among teens and young adults. Prenatal classes will continue to be offered to pregnant teens through our NFP home visiting model which highlights the risks of substance use during pregnancy, including tobacco use with smoking cessation referrals made.

State Performance Measure 4: *Percent of infants born to women who smoked during pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	18	19	18	18	18
Annual Indicator	18.6	20.4	20.4	20.3	23.7
Numerator	1344	1558	1558	1586	1938
Denominator	7231	7640	7640	7832	8176
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	17	17	17	16.5	

Notes - 2009
These data are from 2008 Vital Records. Wyoming began using the new birth certificate in 2006, which collectes smoking data differently than the old birth certificate. Therefore, this indicator is not comparable to indicators reported before 2006.

Notes - 2008
These data are from 2007 Vital Records. Wyoming began using the new birth certificate in 2006, which collectes smoking data differently than the old birth certificate. Therefore, this indicator is not comparable to indicators reported before 2006.

Notes - 2007
These data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collectes smoking data differently than the old birth certificate. Therefore, this indicator is not comparable to indicators reported before 2006.

a. Last Year's Accomplishments
The 2009 objective of 18% was not met with 23.7% of Wyoming women reporting smoking during pregnancy in 2008. This is a statistically significant increase from 20.3% in 2007.

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical. Prenatal assessment, education, referral for smoking cessation and nutritional support are then available prior to the first prenatal visit with the physician. Prenatal classes were offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

MFH supplemented Title X funding to WHC, expanding the availability of family planning clinics within Wyoming, and providing a repository for family planning data. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy. Pregnancy testing and smoking cessation referral were also provided. Though WHC, MFH funded a PHP where women who have a negative pregnancy test in a family planning clinic will receive a packet, including materials to encourage smoking cessation prior to pregnancy.

MFH supplemented federal funds to expand the MHP within Wyoming, to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

EqualityCare, in collaboration with WHC and MFH, received approval for an 1115(b) waiver PbC to expand Family Planning services to postpartum women from six weeks to one year, to include tobacco cessation support. Coverage is available until a woman is 44 years of age if the woman continues to renew and remains financially eligible.

Several brochures were purchased through the Wyoming Quit Tobacco program for PHN use with pregnant women and their families. Examples are "Pregnancy and Second-hand Smoke," "Second-hand Smoke and Children," "Give a Gift to Your Baby," and "What Goes in You Goes in Your Baby."

MFH supported the MOD Prematurity Campaign by participation in the Program Services Committee at the state, regional, and national level. Additionally, the Wyoming MOD chapter office created a Nursing Module Library, which included all of the 26 nursing modules not available on the MOD website. Nurses can access the modules for self-study and obtain contact hours for unit completion. Examples include "Abuse During Pregnancy," and "Tobacco, Alcohol and Drug Use in Childbearing Families."

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy", is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes the importance of not smoking before or during pregnancy. Booklets were distributed through IHS and local county PHN offices to American Indian clients.

MFH and the CPHD EPI sections co-managed the Wyoming PRAMS project, which surveyed postpartum women about their experiences before, during, and after pregnancy. Questions about maternal tobacco use before, during, and after pregnancy were included, as well as questions on how providers presented the need to quit smoking for optimal health of the infant.

IHS continued to deliver primary health services to the WRR population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for Reproductive Health, Preconception Health Project (PHP) and Migrant Health Program (MHP)			X	
2. Perinatal Education, Referral, and Support			X	
3. Collaboration With Other State Agencies				X
4. March Of Dimes (MOD) Collaboration				X
5. Pregnancy Risk Assessment Monitoring System (PRAMS)				X
6. Professional Education				X
7. Promotion of American Indian Health			X	
8. Maternal and Family Health (MFH) Capacity grants				X
9. Translation Services		X		
10.				

b. Current Activities

MFH provides funding to supplement federal funds received through WHC to provide Family Planning and PHP throughout the state.

PHN staff members provide prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes are offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

Wyoming PRAMS surveys are sent out to a random sample of postpartum women each month to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco. Reports will be useful in shaping future perinatal policy and program revisions.

MFH is participating in the MHSASD's Tobacco Unit strategic planning process to assure MFH populations are served in the final plan.

IHS continues to deliver primary health services to the WRR population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation. "The Coming of the Blessing" booklets, which discourage smoking during pregnancy, continue to be distributed.

Capacity grants are offered to PHN offices to fund enhancement and delivery of MFH services.

Translation services are available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

c. Plan for the Coming Year

PHN staff members will continue to provide prenatal assessment and referral for pregnant women. Individual and group prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and

risks of substance use in pregnancy.

Wyoming PRAMS will continue to collect and analyze survey data.

MFH will provide Capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, as well as translation services.

Reducing the percentage of women who smoke during pregnancy has been chosen as a priority for MFH for the next five years. MFH will work with MHSASD and other partners through the strategic planning process to identify strategies to prevent women from starting to smoke and encourage them to stop.

State Performance Measure 5: *Percent of Wyoming high school students who are overweight.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	5.9	8.4	8.3	9.3	9
Annual Indicator	8.4	8.4	9.3	9.3	9.8
Numerator	2270	2269	2520	2520	2587
Denominator	27029	27007	27098	27098	26397
Data Source				2007 Wyoming Youth Risk Behavior Survey	2009 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	8.5	8.3	8.1	8.1	

Notes - 2009
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2009 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2008-2009 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2008
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2007
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

a. Last Year's Accomplishments
The 2009 objective (9.0%) was not met. The percent of Wyoming high school students who are overweight increased in 2008 to 9.8%. This represents a significant increase from 9.3% in 2005.

The percentage of high school students who are overweight has increased in a linear manner since 2001 (p=0.0001). This measure is assessed every other year.

WDH continued to promote "Commit to Your Health," a public marketing campaign that includes print and media advertisements, organized community activities, and suggestions for general health improvement.

The Early Child and Adolescent Health Program Specialist worked with WHSSM programs to support efforts related to nutrition and physical activity.

In March 2009, MFH participated in a strategic planning session with multiple state and federal parks and forest agencies focused on children in nature to support utilization of Wyoming's natural resources.

The Early Child and Adolescent Health Program Specialist gave a presentation at the June 2009 WDE School Nutrition Conference. The presentation shared data and facilitated discussions about how physical activity and nutrition in school support the health of the whole child.

The Early Child and Adolescent Health Program Specialist worked with the Healthier Laramie County Physical Activity and Obesity Action Team and shared information about We Can!, a national program aimed to help children ages 8 to13 years of age maintain a healthy weight.

MFH provided capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services with a health emphasis and focus on good nutrition and physical activity.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Wyoming Department of Health (WDH) “Commit to Your Health” Campaign				X
2. Wyoming Healthy Student Success Model (WHSSM) Coordinated School Health Program			X	
3. Physical Activity and Nutrition Steering Committee				X
4. Maternal and Family Health (MFH) Capacity Grants				X
5. Wyoming Action for Healthy Kids				X
6. WY Outside Initiative				X
7. Healthier Laramie County Action Team for Physical Activity and Obesity				X
8. Wyoming Department of Education (WDE) School Nutrition Conference			X	
9.				
10.				

b. Current Activities

MFH continues support for an inter-agency steering committee to coordinate child and adolescent physical activity and nutrition.

MFH worked with WHSSM to support nutrition and physical activity efforts and with the Healthier Laramie County Physical Activity and Obesity Action Team.

MFH, MHSASD, WDE, and DFS designed a state youth council proposal. A white paper given to the MHSASD's Deputy Director and presented to the PTAC was tabled, as no funding and staff

are available.

WY Outside and the Teton Science School hosted a Youth Congress that brought together 70 eighth graders for a discussion on how youth view the outdoors and what can be done to encourage a greater connection.

The WDH cosponsored a Chronic Disease Health Conference with nutrition and physical activity and obesity breakout sessions. Dan Buettner, who discovered Blue Zones around the world where people were living longer, was a featured speaker.

MFH continues to provide capacity grants to PHN offices.

c. Plan for the Coming Year

As a result of the recent MCH needs assessment, promoting healthy nutrition and physical activity among children and adolescents was chosen as an MFH priority for the next five years MFH will work with partners through the strategic planning process to identify strategies to address this priority.

MFH will continue to work to develop a sustainable framework for an inter-agency steering committee to support child and youth physical activity and nutrition. The work of this group will be incorporated as one piece of the larger "Commit to Your Health" campaign within WDH.

MFH will support the WY Outside initiative in its efforts to develop a survey instrument to establish a baseline understanding of the present level of engagement and attitudes of youth regarding the outdoors to establish a base against which further efforts can be measured to determine their efficacy. MFH will also support WY Outside's efforts to develop a guide for parents and adults showing opportunities that exist for youth to become engaged in the outdoors in every area of the state. MFH will support WY Outside in its attempt to bring together a second youth congress, and, along with the Teton Science School, sponsor an educational tour of Wyoming for youth to learn about and experience Wyoming's natural wonders.

The Early Child and Adolescent Health Program Specialist will continue to work with WDE programs to support the prevention components of system development efforts as it relates to nutrition, healthy eating habits, and physical activity.

The Early Child and Adolescent Health Program Specialist will continue to work with the MHSASD Youth Advocate for Prevention, WDE, and DFS to design and implement a state youth council that may be established when funding and staff are available.

MFH will continue to support the local efforts of the Laramie County Community Partnership to offer the We Can! Program to residents.

MFH will continue to provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services relating to child and adolescent health as it is supported by physical activity and good nutrition.

State Performance Measure 6: *Percent of high school students using methamphetamines in the past 30 days.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and	2005	2006	2007	2008	2009

Performance Data					
Annual Performance Objective		5	5	3.8	3.4
Annual Indicator	5.0	5.0	3.8	3.8	3.4
Numerator	1352	1350	1030	1030	897
Denominator	27029	27007	27098	27098	26397
Data Source				2007 Wyoming Youth Risk Behavior Survey	2009 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	3.4	3	3	3	

Notes - 2009
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2009 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2008-2009 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2008
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2007
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

a. Last Year's Accomplishments
The 2009 objective of 3.4% was met. The percent of Wyoming high school students reporting using methamphetamine in the past 30 days decreased to 3.40% in 2008. This represents a statistically significant decrease in methamphetamine use from 3.80% in 2006. This measure is assessed every other year.

Local PHN offices provided awareness of methamphetamine use and the toll it has taken on the younger generation and their families.

MHSASD's Wyoming Meth Project is a large scale, statewide prevention program that leverages a proven model combining extensive research with a hard-hitting, integrated media campaign aimed at teens and young adults. In June 2009, the Wyoming Meth Project began the second wave of its research-based campaign by issuing four new television commercials, five new radio spots, and three new print ads, all complimented by the Project's ongoing community outreach programs.

Wyoming Community Meth Initiatives were active in 22 locations in the state, an increase of one location over the previous year. Brochures, pamphlets, and fact sheets in both English and Spanish designed for business owners and employees, community awareness, healthcare, landlords, motels and hotels, parents, teachers, and teens were available for download from the MHSASD website.

The sixth annual Wyoming Methamphetamine and Substance Abuse conference was held January 7-8, 2009, with 500 people in attendance. A variety of nationally known speakers presented at breakout sessions focusing on children and youth issues.

The Early Child and Adolescent Health Program Specialist represented MFH on a WDH Technical Assistance team for the WHSSM Spring Booster in 2009. Information and resources were shared on a variety of topics, including substance use, to support system building efforts within the represented school districts.

MFH provided Capacity grants to county PHN offices to assist in efforts focused on methamphetamine prevention within local communities. Activities included involvement in substance abuse and meth prevention coalitions, drug task forces, and drug endangered children coalitions.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Meth Project				X
2. Wyoming Statewide Meth (Methamphetamine) and Substance Abuse Conference				X
3. Wyoming Healthy Student Success Model (WHSSM) Coordinated School Health Program			X	
4. Multi-agency Collaboration to Develop State Youth Council				X
5. Maternal and Family Health (MFH) Capacity grants				X
6. Wyoming Department of Education (WDE) At-Risk Task Force			X	
7.				
8.				
9.				
10.				

b. Current Activities

The seventh annual Wyoming Methamphetamine and Substance Abuse conference was held January 6-7, 2010, with approximately 350 people attending.

MFH, MHSASD, WDE, and DFS designed a proposal for a state youth council. A white paper was given to MHSASD's Deputy Director of the MHSASD and presented to the PTAC, which tabled it as funding and staff are not available.

The WDE At-Risk Task Force finalized recommendations for a statewide plan to address needs of at-risk students. Recommendations include a multi-agency service model. Phase II of the project is underway in WDE, but MFH staff are not involved.

State infrastructure and capacity to address meth use by teens and young adults continue to be developed through the Wyoming Meth Project and community meth initiatives supported by MHSASD information and resources.

MFH continues Capacity grants to county PHN offices.

c. Plan for the Coming Year

As a result of the recent MCH needs assessment, this priority was not chosen to be continued for the next five years. The main reason for this decision was because substance use is addressed

by the MHSASD. State infrastructure and capacity to address meth use by teens and young adults will continue to be developed through the Wyoming Meth Project and community meth initiatives supported by MHSASD information and resources.

The Early Child and Adolescent Health Program Specialist will continue to work with the MHSASD Youth Advocate for Prevention, WDE, and DFS to design and implement a state youth council that may be established when funding is available.

MFH will continue to provide Capacity grants to county PHN offices to assist in prevention efforts within local communities through task force and coalition involvement.

State Performance Measure 7: *The percent of infants born preterm (before 37 weeks gestation)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	11.8	11.6	10.5	10	10
Annual Indicator	10.8	10.6	10.6	11.0	10.0
Numerator	781	812	812	856	814
Denominator	7231	7640	7640	7775	8176
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	10	9.5	9.5	9.5	

Notes - 2009
Data are from 2008 Vital Records.

Notes - 2008
Data are from 2007 Vital Records.

Notes - 2007
Data are from 2006 Vital Records.

a. Last Year's Accomplishments
The 2009 objective of 10.0% was met. The percent of infants born preterm (before 37 weeks gestation) in 2008 was 9.96%. This represents a statistically significant decrease in the percent of preterm birth from 11.01% in 2007.

MFH funded WHC to expand the availability of family planning clinics and provide a repository for family planning data within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for both men and women. Clinics provided contraceptive supplies on a sliding scale to assist families in planning for an intended pregnancy, as well as pregnancy testing. Through WHC, MFH funded a PHP, where women who had a negative pregnancy test in a Wyoming Family Planning clinic received a packet including three months of prenatal vitamins with folic acid, several condoms, and materials discussing risks of unintended pregnancy. MFH also funded the expansion of Migrant Health services within Wyoming to provide translation, prenatal service support, and PHP to migrant and seasonal farm

workers. The goals of these projects are to decrease preterm birth by increasing intended pregnancy.

Perinatal care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff members provided prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff members assisted pregnant women in applying for the EqualityCare PWP as appropriate and referrals were made to Kid Care CHIP when necessary.

MFH promoted family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby receiving treatment in a tertiary care hospital.

The HBWW project targeted providers to assure women gain adequate weight during pregnancy to decrease the risk of low birth weight. Project materials were distributed to numerous PHN, provider, EqualityCare, MOD, and WIC offices throughout the state.

"Plan for the Unexpected When You are Expecting," placards were distributed to PHN offices and other entities, such as EqualityCare, WIC, MOD, and local hospitals. The placard offers suggestions on what to have prepared ahead of time in case of emergency transport to a tertiary care center out of the state. They were provided to BB clients and other pregnant women at approximately 20 weeks gestation.

The Wyoming MOD chapter office created a Nursing Module Library, which includes all of the 26 modules not available on the MOD website. Nurses could access the modules for self-study and obtain contact hours for completion of the unit. Examples include "Abuse During Pregnancy, Diabetes in Pregnancy, Pregnancy: Psychosocial Perspectives, and two modules on Preterm Labor Prevention and Management."

The PRAMS project collected data on women before, during, and after pregnancy.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," an informational booklet specific to both major tribes represented in Wyoming, was distributed to American Indian clients. Culturally sensitive information included the role of the father during pregnancy and postpartum, importance of preconception health and prenatal care, nutrition (including folic acid use), risk of substance use and domestic violence to birth outcomes, and preterm labor signs and symptoms.

Capacity grants were offered to PHN offices to fund enhancement and delivery of MFH services. This funding supplements IHS funding to enhance health services delivery to the WRR population.

Translation services were available through each PHN office to assure minority populations received the same information related to healthy lifestyle and prenatal care.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Funding for Reproductive Health, Preconception Health Project (PHP) and Migrant Health Program (MHP)				X
2. Perinatal Education, Support, Referral/Care Coordination			X	
3. Maternal High Risk Program (MHR)/Newborn Intensive Care Program (NBIC)	X			
4. Healthy Baby is Worth the Weight (HBWW)/Plan for the Unexpected When You Are Expecting			X	

5. EqualityCare/Pregnant by Choice (PbC)		X		
6. Collaboration with other entities serving the perinatal population				X
7. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
8. Promotion of American Indian Health				X
9. Maternal and Family Health (MFH) Capacity grants				X
10. Translation Services		X		

b. Current Activities
Perinatal care coordination is offered to pregnant women, and PHN staff members provide prenatal assessment and referral for women as early as possible in pregnancy.

MFH continues to promote family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby who are receiving treatment in a tertiary care hospital.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy. The CHC in Casper began distributing HBWW materials to all of their pregnant clients.

"Pregnancy by Choice" is available for EqualityCare-eligible postpartum women, extending family planning services for one year when they reapply annually. This waiver allows women ages 19 to 44 access to birth control methods to support intended pregnancy. Kid Care covers family planning services for eligible recipients.

MFH serves on the planning committee for the 33rd Annual Perinatal Update, which will include a session on elective C-Sections, which contribute to preterm births.

PRAMS data is collected and analyzed by the CPHD Epidemiology Section, providing essential perinatal data, including information regarding risk behaviors women engage in before, during and after pregnancy.

c. Plan for the Coming Year
Initially, reducing the percentage of preterm births was chosen as an MFH priority for the next five years. Upon further discussion, MFH decided to move use preterm birth as an outcome measure to monitor women's nutrition, maternal smoking, and teen birth. Therefore this priority and state performance measure will be discontinued.

State Performance Measure 8: *Percent of infants identified at birth with a congenital anomaly.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		1	1	0.4	0.4
Annual Indicator	1.6	0.5	0.5	0.6	0.4
Numerator	117	36	36	44	34
Denominator	7231	7640	7640	7832	8176
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Service
Is the Data Provisional or				Final	Final

Final?					
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	0.3	0.3	0.3	0.3	

Notes - 2009
Data are from 2008 Vital Records.Wyoming began using the new birth certificate in 2006, which collects data for congenital anomalies differently than the old birth certificate. Therefore, this indicator is not comparable to indicators from before 2006.

Notes - 2008
Data are from 2007 Vital Records. Wyoming began using the new birth certificate in 2006, which collects data for congenital anomalies differently than the old birth certificate. Therefore, this indicator is not comparable to indicators from previous years (before 2006).

Notes - 2007
Data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collects data for congenital anomalies differently than the old birth certificate. Therefore, this indicator is not comparable to indicators from previous years (before 2006).

a. Last Year's Accomplishments
The 2009 objective for infants identified at birth with a congenital anomaly is 0.4%. In 2008, 0.5% of infants were born with a congenital anomaly. This is not a statistically significant change from 0.6% in 2007. Wyoming began using the new 2003 birth certificate in 2006. Data for this indicator from 2006 to present are not comparable to data from previous years.

Wyoming currently does not have a birth defects surveillance system. Applications to create a surveillance system over the last several years have not been funded. However, SSDI funding awarded in December 2006 is being used to link data systems within WDH and to develop a state birth defects surveillance plan. The linked data will support Wyoming in building a birth defects surveillance system.

SSDI funding was used to link data from Vital Statistics Services, Newborn Metabolic Screening, EHDI, and Best Beginnings programs. This funding was also used to hire a consultant epidemiologist who began the development of a passive birth defects surveillance system.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. State Systems Development Initiative (SSDI) Grant Application				X
2. Vital Statistics Services (VSS)				X
3. Collaboration with Newborn Metabolic Screening (NBMS) and Early Hearing Detection and Intervention (EHDI)			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

In 2009, MFH and the Epidemiology Section used SSDI funding to begin to develop a state plan for birth defects surveillance. A consultant epidemiologist has written a draft plan and will convene a stakeholder meeting in the summer of 2010.

A data system used to track newborn metabolic screenings was completed in April 2010. This system will help to ensure that all infants born in Wyoming receive a metabolic screen and the appropriate follow-up.

c. Plan for the Coming Year
After a birth defect surveillance stakeholders meeting in the summer of 2010, the birth defects surveillance plan will be finalized. It is projected to be implemented late in 2010. Wyoming's new Total Health Recordn (THR) project, which will be phased in from 2011 to 2015, will provide an excellent source of birth effect surveillance data.

State Performance Measure 9: *Percent of postpartum women reporting multivitamin use four or more times per week in the month before getting pregnant.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		35	38	38	32.5
Annual Indicator	37.6	37.4	37.4	31.6	36.3
Numerator	2558	2704	2704	2475	2968
Denominator	6803	7231	7231	7832	8176
Data Source				Wyoming Pregnancy Risk Assessment Monitori System	Wyoming Pregnancy Risk Assessment Monitori System
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	33.5	34.5	35.5	36.5	

Notes - 2009
Indicator data is from the 2008 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. There was no perinatal survey in Wyoming in 2006.

Notes - 2008
Indicator data is from the 2007 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. There was no perinatal survey in Wyoming in 2006.

Notes - 2007
Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

a. Last Year's Accomplishments
The 2009 objective of 32.5% was met. The percent of postpartum women reporting multivitamin use four or more times per week in the month before getting pregnant for 2007 was 36.3%. This is a statistically significant increase from 31.6% in 2007.

MFH provided Title V funding to WHC to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for both men and women. Clinics provided contraceptive supplies on a sliding fee scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy. A PHP was begun through the family planning clinics where a woman with a negative pregnancy test received a PHP packet, which included three months of prenatal vitamins containing folic acid, condoms, and informational materials.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming to provide Family Planning services and PHP support. WHC manages the MHP to provide translation and prenatal service support to migrant and seasonal farm workers.

WIC screened clients and recommended the use of basic vitamins/supplements with folic acid. WIC recommended increased consumption of foods high in folic acid like orange juice, milk, beans, wheat bran, and eggs.

MFH partnered with MOD to assure messages regarding the need for folic acid consumption continued to be available for women. The Wyoming MOD chapter office created a Nursing Module Library, which included all of the 26 Modules, one of which is "Preconception Health Promotion: A Focus for Women's Wellness."

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," an informational booklet specific to both major tribes represented in Wyoming, was distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum; the importance of early, consistent, and adequate prenatal care; and nutrition during pregnancy, including the importance of folic acid.

The PRAMS survey includes questions on multivitamin use prior to pregnancy and knowledge of the importance and value of folic acid consumption during pregnancy.

IHS provided delivery of primary health services to the WRR population to supplement services provided through county PHN offices, including folic acid promotion.

Translation services were available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

MFH provided Capacity grants to PHN offices to increase delivery and sustainability of services.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Funding for Reproductive Health, Preconception Health Program (PHP) and Migrant Health Program (MHP)			X	
2. Perinatal Support, Education, Referral/Care Coordination			X	
3. Collaboration with Women, Infants, and Children (WIC) Program/March Of Dimes (MOD)				X
4. Pregnancy Risk Assessment Monitoring System (PRAMS)				X
5. Women Together for Health (WTH)			X	
6. Promotion of American Indian Health			X	
7. Translation Services		X		
8. Maternal and Family Health (MFH) Capacity grants				X
9.				

10.				

b. Current Activities
MFH funds WHC to continue to expand the availability of family planning clinics and PHP, which includes three months of prenatal vitamins with folic acid. MFH funding to WHC also continues to supplement federal funds for Migrant Health services to provide translation, prenatal service support, and vitamins with folic acid for migrant and seasonal farm workers.

PHN staff members provide prenatal assessment and referral for women as early as possible in pregnancy. Prenatal vitamins with folic acid are available for women who do not have resources to purchase prenatal vitamins, either pre-conceptually or prenatally.

WIC continues to screen and recommends the use of basic vitamins/supplements with folic acid. WIC recommends increased consumption of foods high in folic acid such as orange juice, milk, beans, wheat bran, and eggs.

Women Together for Health is a new best practice project, which is being implemented through the faith-based nurses in two communities in Wyoming. The projects emphasize a healthy lifestyle by promotion of healthy nutrition, including vitamins with folic acid, among women of reproductive health age.

c. Plan for the Coming Year
As a result of the recent MCH needs assessment, promoting healthy nutrition among women of reproductive age was chosen as an MFH priority for the next five years. MFH will work with partners through the strategic planning process to identify strategies to address this priority. Folic acid use will be an important component.

MFH will continue to fund WHC to expand the availability of family planning clinics and PHP, which includes three months of prenatal vitamins with folic acid.

WIC will continue to screen and recommend the use of basic vitamins/supplements with folic acid as well as consumption of foods high in folic acid such as orange juice, milk, beans, wheat bran, and eggs.

PHN staff members will continue to provide prenatal vitamins with folic acid to women who do not have resources to purchase them, either pre-conceptually or prenatally.

Women Together for Health may be expanded to other communities in Wyoming. The projects emphasize a healthy lifestyle by promotion of healthy nutrition, including vitamins with folic acid, among women of reproductive health age.

E. Health Status Indicators

Introduction
The most significant barriers to maintaining and improving the Health Status Indicators (HSIs) are reduced staffing levels and budget cuts. Four MFH positions, including the Section Chief and CSH Program Manager positions, have been vacant for a period of time ranging from March 2008 to the present. Flat funding of the Title V program for a number of years, along with rising costs of goods and services and a cut in state funding of more than 10 %, have prevented substantial progress in improving the HSIs. Additionally, local nursing staff shortages in PHN offices, widespread local budget cuts and shifting priorities make maintenance and improvement of the HSIs difficult.

Service provision often is a barrier to improvement. Some of Wyoming's 23 hospitals provide only limited care, and only 19 rural health clinics and four community health centers service the state's residents. Long travel distances to services for some residents, a shortage of specialty services, and the absence of any tertiary care centers in the state are all challenges to improving the HSIs.

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	8.6	8.8	8.8	9.1	8.2
Numerator	625	670	670	713	667
Denominator	7231	7640	7640	7822	8176
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Data from 2008 Vital Statistic Services.

Notes - 2008
Data from 2007 Vital Statistics Services

Notes - 2007
Data from 2006 Vital Statistics Services

Narrative:
In 2008, 8.2% of live births to Wyoming residents weighed less than 2,500 grams. This represents a decrease from 9.1% in 2007, but the change is not statistically significant.

Not all of Wyoming's communities have providers to care for pregnant women, and some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming. Annual visits are conducted at tertiary care hospitals in surrounding states to assure Wyoming families who access tertiary care are referred to MFH for follow-up services.

Family planning is available in all counties. PHP provides women who have a negative pregnancy test with three months of prenatal vitamins with folic acid. MHP provides translation, prenatal service support, and PHP to migrant farm workers. These projects are provided to increase the percentage of intended pregnancies with the goal of improving birth outcomes.

PHN staff members offer perinatal home visiting and provide individual and group prenatal assessment and referral as early as possible in a woman's pregnancy. PHN staff members assist women in applying for EqualityCare's PWP and Kid Care CHIP. Prenatal vitamins are made available for women who do not have resources to purchase prenatal vitamins, either preconceptually or prenatally.

PHN prenatal classes address the importance of prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. MFH

contracted with Lamaze International to provide training to clinical nurses and PHN staff members to assure prenatal classes presented in Wyoming are evidence-based.

PbC is available for postpartum women, ages 19 to 44 who are EqualityCare eligible, to extend family planning services from six weeks to one year. Kid Care covers family planning services for eligible recipients.

MFH promotes family-centered services through MHR and NBIC, providing reimbursement for fathers to visit mothers and babies receiving care out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation offering suggestions of how to prepare for transport out of state for specialty care.

The HBWW project assures providers are aware of the risk of inadequate weight gain during pregnancy.
The Coming of the Blessing, a Pathway to a Healthy Pregnancy is distributed to American Indian clients. Culturally sensitive information includes the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care.

Reducing the percentage of women who smoke during pregnancy, which is a risk factor for low birth weight, has been chosen as a priority for MFH for the next five years. MFH will work with MHSASD and other partners through the strategic planning process to identify strategies to prevent women from starting to smoke and encourage them to stop.

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	7.0	6.9	6.9	7.3	6.7
Numerator	495	508	508	554	520
Denominator	7033	7395	7395	7569	7777
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Data from 2008 Vital Statistics Services

Notes - 2008
Data from 2007 Vital Statistics Services

Notes - 2007
Data from 2006 Vital Statistics Services

Narrative:
In 2008, 6.7% of live singleton births weighed less than 2,500 grams. This was a decrease from 7.3% in 2007, although the change is not statistically significant.

Not all of Wyoming's communities have providers to care for pregnant women, and some providers do not schedule prenatal visits within the first trimester. There are no tertiary care

facilities for pregnant women or infants in Wyoming. Annual visits are conducted at tertiary care hospitals in surrounding states to assure Wyoming families who access tertiary care are referred to MFH for follow-up services.

Family planning is available in all counties. PHP provides women who have a negative pregnancy test with three months of prenatal vitamins with folic acid. MHP provides translation, prenatal service support, and PHP to migrant farm workers. These projects are provided to increase the percentage of intended pregnancies with the goal of improving birth outcomes.

PHN staff members offer perinatal home visiting and provide individual and group prenatal assessment and referral as early as possible in a woman's pregnancy. PHN staff members assist women in applying for EqualityCare's PWP and Kid Care CHIP. Prenatal vitamins are made available for women who do not have the resources to purchase prenatal vitamins, either preconceptually or prenatally.

PHN prenatal classes address the importance of prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. MFH contracted with Lamaze International to provide training to clinical nurses and PHN staff members to assure prenatal classes presented in Wyoming are evidence-based.

PbC is available for postpartum women, ages 19 to 44, who are EqualityCare eligible, to extend family planning services from six weeks to one year. Kid Care covers family planning services for eligible recipients.

MFH promotes family-centered services through MHR and NBIC, providing reimbursement for fathers to visit mothers and babies receiving care out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation offering suggestions of how to prepare for transport out of state for specialty care.

The HBWW project assures providers are aware of the risk of inadequate weight gain during pregnancy.
The Coming of the Blessing, a Pathway to a Healthy Pregnancy is distributed to American Indian clients. Culturally sensitive information includes the importance of preconception health, nutrition (including folic acid use), preterm labor signs, and symptoms, and importance of prenatal care.

Reducing the percentage of women who smoke during pregnancy, which is a risk factor for low birth weight, has been chosen as a priority for MFH for the next five years. MFH will work with MHSASD and other partners through the strategic planning process to identify strategies to prevent women from starting to smoke and encourage them to stop.

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	1.2	1.2	1.2	1.0	1.1
Numerator	89	88	88	81	91
Denominator	7231	7640	7640	7822	8176
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Data from 2008 Vital Statistics Services

Notes - 2008
Data from 2007 Vital Statistics Services

Notes - 2007
Data from 2006 Vital Statistics Services

Narrative:
In 2008, 1.1% of live births in Wyoming weighed less than 1,500 grams. This was an increase from 2007 of 1.0%, but the change is not statistically significant.

Not all of Wyoming's communities have providers to care for pregnant women, and some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming. Annual visits are conducted at tertiary care hospitals in surrounding states to assure Wyoming families who access tertiary care are referred to MFH for follow-up services.

Family planning is available in all counties. PHP provides women who have a negative pregnancy test three months of prenatal vitamins with folic acid. MHP provides translation, prenatal service support, and PHP to migrant farm workers. These projects are provided to increase the percentage if intended pregnancies with the goal of improving birth outcomes.

PHN staff members offer perinatal home visiting and provide individual and group prenatal assessment and referral as early as possible in a woman's pregnancy. PHN staff members assist women in applying for EqualityCare's PWP and Kid Care CHIP. Prenatal vitamins are available for women who do not have resources to purchase prenatal vitamins, either preconceptually or prenatally.

PHN prenatal classes address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. MFH contracted with Lamaze International to provide training to clinical nures and PHN staff members to assure prenatal classes presented in Wyoming are evidence-based.

PbC is available for postpartum women, ages 19 to 44 who are EqualityCare eligible, to extend family planning services from six weeks to one year. Kid Care covers family planning services for eligible recipients.

MFH promotes family-centered services through MHR and NBIC, providing reimbursement for fathers to visit mothers and babies receiving care out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation offering suggestions of how to prepare for transport out of state for specialty care.

The HBWW project assures providers are aware of the risk of inadequate weight gain during pregnancy.
The Coming of the Blessing, a Pathway to a Healthy Pregnancy is distributed to American Indian clients. Culturally sensitive information includes the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care.

Reducing the percentage of women who smoke during pregnancy, a risk factor for low birth weight has been chosen as a priority for MFH for the next five years. MFH will work with MHSASD and other partners through the strategic planning process to identify strategies to

prevent women from starting to smoke and encourage them to stop.

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	0.9	0.8	0.8	0.8	0.8
Numerator	65	61	61	58	61
Denominator	7033	7395	7395	7569	7777
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Data from 2008 Vital Statistics Services

Notes - 2008
Data from 2007 Vital Statistics Services

Notes - 2007
Data from 2006 Vital Statistics Services

Narrative:
In 2008, 0.78% of singleton live births weighed less than 1,500 grams. This was an increase from 0.77% in 2007, although this does not represent a statistically significant change. This percentage has consistently decreased since 2004.

Not all of Wyoming's communities have providers to care for pregnant women, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming. Annual tertiary care visits at hospitals in surrounding states assure Wyoming families are referred to MFH for follow-up services.

Family planning is available in all counties. PHP provides women who have a negative pregnancy test three months of prenatal vitamins with folic acid. WMHP provides translation, prenatal service support, and PHP to migrant farm workers. These projects are provided to increase the percentage if intended pregnancies with the goal of improving birth outcomes.

PHN staff members offer perinatal Home Visiting and provide individual and group prenatal assessment and referral as early as possible in a woman's pregnancy. PHN staff members assist women in applying for EqualityCare's PWP and Kid Caree CHIP. Prenatal vitamins are made available for women who do not have funds to purchase prenatal vitamins, either preconceptually or prenatally.

PHN prenatal classes address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. MFH contracted with Lamaze International to provide training to clinical nurses and PHN staff members to assure prenatal classes presented in Wyoming are evidence-based.

PbC is available for postpartum women, ages 19 to 44, who are EqualityCare eligible, to extend family planning services from six weeks to one year. Kid Care covers family planning services for eligible recipients.

MFH promotes family-centered services through MHR and NBIC, providing reimbursement for fathers to visit mothers and babies receiving care out of state. "Plan for the Unexpected When You Are Expecting," placards are distributed to pregnant women at 20 weeks gestation offering suggestions of how to prepare for transport out of state for specialty care.

The HBWW project assures providers are aware of the risk of inadequate weight gain during pregnancy.
"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is distributed to American Indian clients. Culturally sensitive information includes the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care.

Reducing the percentage of women who smoke during pregnancy has been chosen as a priority for MFH for the next five years. MFH will work with MHSASD and other partners through the strategic planning process to identify strategies to prevent women from starting to smoke and encourage them to stop.

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	15.9	13.6	13.6	10.9	9.4
Numerator	45	39	39	32	29
Denominator	283859	286385	286385	294462	308232
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Three-year rates (2006-2008) were used due to single-year numerators <20. Denominator data from 2008 Census estimates.

Notes - 2008
Three-year rates (2005-2007) were used due to single-year numerators <20. Denominator data from 2007 Census estimates.

Notes - 2007
Three-year rates (2004-2006) were used due to single-year numerators <20. Denominator data from 2006 Census estimates.

Narrative:
The death rate due to unintentional injuries among children aged 14 years and younger was 9.4 per 100,000 in 2008. This does not represent a statistically significant change from the 2007 rate

of 10.9 per 100,000.

MFH is the lead state agency for SKWW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action.

MFH contracts with the CRMC to maintain the SKW state office, serves on the SKW leadership team, and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

MFH is in the early planning stages for implementation of a co-sleeping initiative. MFH provided funds from the Preventive Health and Health Services Block Grant to SKW to provide car seats, bike helmets, and portable cribs to income eligible families.

MFH provides Capacity grants, materials, and training opportunities to county PHN offices to assist communities in the development, delivery, and evaluation of MCH services. MFH provides HBB parent kits for certified PHN trainers to distribute at parent classes, and has supported ten DFS Foster Care Coordinators to become certified trainers.

Prevention materials from the National Center for SBS are also distributed to PHN offices, IHS clinics, and local hospitals. MFH provides items for hands on teaching pertaining to unintentional injuries. Such items include the shaken baby demonstration model and identification tags that provided education on SBS prevention.

The MCH needs assessment process identified reducing the rate of unintentional injury among children and adolescents as a priority for MFH for the next five years. Through a strategic planning process, MFH will identify and implement strategies to reduce the rate of unintentional injury among children and adolescents.

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	7.0	4.9	4.9	4.8	4.5
Numerator	20	14	14	14	14
Denominator	283859	286385	286385	294462	308232
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?					Final

Notes - 2009
Three-year rates (2006-2008) were used due to single-year numerators <20. Denominator data from Census estimates (2006-2008).

Notes - 2008
Three-year rates (2005-2007) were used due to single-year numerators <20. Denominator data from Census estimates (2005-2007).

Notes - 2007
Three-year rolling rates (2004-2006) were used due single-year numerators <20. Denominator data from Census estimates (2004-2006).

Narrative:
In 2008, the death rate from unintentional injuries due to motor vehicle crashes among children aged 14 years and younger was 4.5 per 100,000. This does not represent a significant change from 4.8 in 2007.

MFH is the lead state agency for SKWW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH contracts with the CRMC to maintain the SKW state office, serves on the SKW leadership team, and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

MFH provided funds from the Preventive Health and Health Services Block Grant to SKW to provide car seats, bike helmets, and portable cribs to income eligible families.

MFH provides Capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services. PHN staff in some county offices are involved in local SKW chapters and certified as Child Passenger Safety Technicians.

The MCH needs assessment process identified reducing the rate of unintentional injury among children and adolescents as a priority for MFH for the next five years. Through a strategic planning process, MFH will identify and implement strategies to reduce the rate of unintentional injury among children and adolescents.

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	54.5	50.8	50.8	43.7	47.2
Numerator	43	39	39	33	36
Denominator	78872	76799	76799	75529	76242
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Data from 2008 Vital Records (numerator) and 2008 Census estimates (denominator).

Notes - 2008
Data from 2007 Vital Records (numerator) and 2007 Census estimates (denominator).

Notes - 2007
Data from 2006 Vital Records (numerator) and 2006 Census estimates (denominator).

Narrative:
The death rate from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years was 47.2 per 100,000 in 2008. This was not a statistically significant change from the 2007 death rate (43.7 per 100,000).

MFH is the lead state agency for SKWW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH contracts with the CRMC to maintain the SKW state office, serves on the SKW leadership team, and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

The SKW action plan identifies a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. The goal to increase seatbelt usage in Wyoming is addressed through funded billboards in strategic locations throughout the state and through collaborative work with the Wyoming Seatbelt Coalition. MFH funding has been used for seatbelt safety message billboards across the state.

MFH provides Capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services.

The MCH needs assessment process identified reducing the rate of unintentional injury among children and adolescents as a priority for MFH for the next five years. Through a strategic planning process, MFH will identify and implement strategies to reduce the rate of unintentional injury among children and adolescents.

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	306.2	286.1	276.3	253.5	247.7
Numerator	283	284	284	263	263
Denominator	92425	99257	102780	103730	106195
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Includes all E codes from FY2009 (07/01/08 - 06/30/09) Hospital Discharge Database.
Denominator from 2009 Census estimates.

Notes - 2008
Includes all E codes from FY2008 (07/01/07 - 06/30/08) Hospital Discharge Database.
Denominator from 2008 Census estimates.

Notes - 2007

Includes all E codes from FY2007 (07/01/06 - 06/30/07) Hospital Discharge Database. Denominator from 2006 Census estimates.

Narrative:
The rate of all nonfatal injuries among children ages zero to 14 years was 247.7 per 100,000 in 2008. This does not represent a statistically significant change from the 2007 rate of 253.5 per 100,000.

MFH is the lead state agency for SKWW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH contracts with the CRMC to maintain the SKW state office, serves on the SKW leadership team, and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

SKW has identified goals to improve child injury prevention messages through effective use of Wyoming data and through providing parent and caregiver education to improve child safety. The SKW website provides fact sheets on a multitude of safety topics including bicycle use, choking, drowning, falls, playground safety, poisoning, toy safety, and burns. It provides a parent safety checklist and information on product recalls.

MFH provided funds from the Preventive Health and Health Services Block Grant to SKW to provide car seats, bike helmets, and portable cribs to income eligible families.

MFH provides Capacity grant, materials, and training opportunities for county PHN offices to assist communities in the development, delivery, and evaluation of services. MFH provides Happiest Baby Parent kits for certified PHN trainers to distribute at parent classes. Prevention materials from the National Center for SBS are provided to PHN offices, IHS clinics, and local hospitals.

The MCH needs assessment process identified reducing the rate of unintentional injury among children and adolescents as a priority for MFH for the next five years. Through a strategic planning process, MFH will identify and implement strategies to reduce the rate of unintentional injury among children and adolescents.

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	40.0	37.3	36.0	28.9	41.4
Numerator	37	37	37	30	44
Denominator	92425	99257	102780	103730	106195
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?					Final

Notes - 2009

Includes E-codes E810-E825 from FY2008 Hospital Discharge Database. Denominator from 2008 Census estimates.

Notes - 2008
Includes E-codes E810-E825 from FY2007 Hospital Discharge Database. Denominator from 2007 Census estimates.

Notes - 2007
Includes E-codes E810-E825 from FY2006 Hospital Discharge Database. Denominator from 2006 Census estimates.

Narrative:
The rate of all nonfatal injuries due to motor vehicle crashes among children ages 0 to 14 years was 41.4 per 100,000 in 2008. This represents a statistically significant increase from the 2007 rate (28.9 per 100,000).

MFH is the lead state agency for SKWW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH contracts with CRMC to maintain the SKW state office, serves on the SKW leadership team, and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

The SKW action plan identifies a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. The goal to increase seatbelt and child restraint usage in Wyoming is being addressed by funded billboards in strategic locations throughout the state and through collaborative work with the Wyoming Seatbelt Coalition.

The SKW website provides information on state and regional laws relating to child safety restraints, boating, motorcycles, off-road all terrain vehicles, and snowmobiles. Safety fact sheets are also available relating to car seat usage, motor vehicle safety, and car seat recall information.

MFH provided funds from the Preventive Health and Health Services Block Grant to SKW to provide car seats, bike helmets, and portable cribs to families who cannot afford these items.

MFH provides Capacity grants to county PHN offices to assist communities in the development, delivery, and evaluation of services. PHN staff in some county offices are involved in local SKW chapters and certified as child passenger safety technicians.

The MCH needs assessment process identified reducing the rate of unintentional injury among children and adolescents as a priority for MFH for the next five years. Through a strategic planning process, MFH will identify and implement strategies to reduce the rate of unintentional injury among children and adolescents.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	182.6	200.5	215.8	210.2	226.9
Numerator	144	154	163	163	173
Denominator	78872	76799	75529	77532	76242

Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Includes E-codes E810-E825 from FY2008 Hospital Discharge Database. Denominator from 2008 Census estimates.

Notes - 2008
Includes E-codes E810-E825 from FY2007 Hospital Discharge Database. Denominator from 2007 Census estimates.

Notes - 2007
Includes E-codes E810-E825 from FY2006 Hospital Discharge Database. Denominator from 2006 Census estimates.

Narrative:
The rate of nonfatal injuries due to motor vehicle crashes among youth ages 15 to 24 years was 226.9 per 100,000 in 2008. This represents a statistically significant increase from the 2007 rate (210.2 per 100,000). This rate has fluctuated since 2001.

MFH is the lead state agency for SKWW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH contracts with the CRMC to maintain the SKW state office, serves on the SKW leadership team, and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

The SKW action plan identifies a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. The goal to increase seatbelt and child restraint usage in Wyoming is being addressed by funded billboards in strategic locations throughout the state and through collaborative work with the Wyoming Seatbelt Coalition.

The SKW website provides information on state and regional laws relating to child safety restraints, boating, motorcycles, off-road all terrain vehicles, and snowmobiles. Safety fact sheets are also available relating to car seat usage, motor vehicle safety, and car seat recall information.

MFH provided funds from the Preventive Health and Health Services Block grant to SKW to provide car seats, bike helmets, and portable cribs to income eligible families.

MFH provides Capacity grants to county PHN offices to support involvement in local SKW chapters' efforts and activities. Some PHN staff are certified Child Passenger Safety Technicians. This has resulted in a decrease in the manpower needed to support SKW efforts at the local level.

The MCH needs assessment process identified reducing the rate of unintentional injury among children and adolescents as a priority for MFH for the next five years. Through a strategic planning process, MFH will identify and implement strategies to reduce the rate of unintentional injury among children and adolescents.

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	19.7	22.5	20.7	23.8	26.8
Numerator	328	363	367	397	479
Denominator	16666	16134	17754	16670	17879
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Numerator is from Wyoming Sexually Transmitted Disease Section 2009. Denominator from 2009 Census estimates.

Notes - 2008
Numerator is from Numerator is from Wyoming Sexually Transmitted Disease Section 2008. Denominator from 2008 Census estimates.

Notes - 2007
Numerator is from Numerator is from Wyoming Sexually Transmitted Disease Section 2007. Denominator from 2007 Census estimates.

Narrative:
The rate of women aged 15 through 19 with a reported case of Chlamydia was 26.79 per 1,000 in 2009. This does not represent a statistically significant change from 23.96 per 1,000 in 2008.

MFH provided funding to WHC to expand the availability of Family Planning clinics within Wyoming. WHC assured access to comprehensive, high quality, voluntary, family planning services, including testing and treatment for STIs. The funding included implementation of a PHP where all women who have a negative pregnancy test received a packet of information on intendedness of pregnancy, several condoms, and a three month supply of prenatal vitamins with folic acid.

MFH partners with WDE to integrate education about HIV, STI, and pregnancy prevention. Opportunities to educate citizens and policymakers about the importance of a healthy school environment and positive youth development continue through the WDE and MFH partnership.

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	6.3	8.2	6.4	6.9	9.0
Numerator	521	673	536	597	764
Denominator	82554	81994	83804	85911	84674

Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Numerator is from Wyoming Sexually Transmitted Disease Section 2009. Denominator from 2009 Census estimates

Notes - 2008
Numerator is from Numerator is from Wyoming Sexually Transmitted Disease Section 2008. Denominator from 2008 Census estimates.

Notes - 2007
Numerator is from Numerator is from Wyoming Sexually Transmitted Disease Section 2007. Denominator from 2007 Census estimates.

Narrative:
The rate of women aged 20 through 44 years old with a reported case of Chlamydia was 9.0 per 1,000 in 2009. This represents a statistically significant increase from the 2008 rate of 6.9 per 1,000.

MFH provided funding to WHC to expand the availability of Family Planning clinics within Wyoming. WHC assured access to comprehensive, high quality, voluntary family planning services, including testing and treatment for STIs. The funding included implementation of a PHP where all women who have a negative pregnancy test received a packet of information on intendedness of pregnancy, several condoms, and a three month supply of prenatal vitamins with folic acid.

PbC is available for postpartum women, ages 19 to 44, who are EqualityCare eligible, to extend family planning services from six weeks to one year. Kid Care covers family planning services for eligible recipients.

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	7984	7171	157	257	72	15	312	0
Children 1 through 4	30269	26810	731	1353	275	45	1055	0
Children 5 through 9	34231	30546	914	1338	301	68	1064	0
Children 10 through 14	33711	30676	723	1155	214	31	912	0
Children 15	37398	34462	615	1300	215	41	765	0

through 19								
Children 20 through 24	38844	36147	711	1061	272	40	613	0
Children 0 through 24	182437	165812	3851	6464	1349	240	4721	0

Notes - 2011

Narrative:
Wyoming's population is primarily White, non-Hispanic. Of children 0 through 24 years of age, nearly 91% are White, 3.5% are American Indian, and 2.6% report more than one race.

Wyoming is unique in that minority populations are primarily Hispanic and American Indian. Therefore, the majority of minority services are directed to the two counties in which most of the minority by population resides, Teton and Fremont Counties.

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	7046	938	0
Children 1 through 4	27728	2541	0
Children 5 through 9	30575	3656	0
Children 10 through 14	29762	3949	0
Children 15 through 19	33997	3401	0
Children 20 through 24	35020	3824	0
Children 0 through 24	164128	18309	0

Notes - 2011

Narrative:
Wyoming's population is primarily White, non-Hispanic. Of children 0 through 24 years of age, 10% are Hispanic. Wyoming is unique in that minority populations are primarily Hispanic and American Indian. Therefore, the majority of minority services are directed to the two counties in which most of the minority population resides, Teton and Fremont Counties.

MFH financially supports Adelante Niños. This conference focuses on educating fifth graders, including CYSHCN transitioning into junior high, about issues that face this age group, such as drug and alcohol use, safe sex, and the importance of education.

Group prenatal classes are held in Teton County to help address the lack of prenatal care available to Wyoming's mostly Hispanic population of illegal immigrants.

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	2	0	0	2	0	0	0	0
Women 15 through 17	234	190	3	16	0	0	0	25
Women 18 through 19	623	514	4	40	4	1	0	60
Women 20 through 34	6596	5849	39	216	66	4	0	422
Women 35 or older	720	648	6	20	8	0	0	38
Women of all ages	8175	7201	52	294	78	5	0	545

Notes - 2011

Narrative:
Wyoming's population is primarily White, non-Hispanic. In 2008, 88.1% of Wyoming live births occurred to White women, and 3.60% occurred to American Indian women. Among women of all races, 80.7% of live births occurred among women ages 20 to 34 years old, 8.8% occurred among women ages 35 years or older, and 7.6% occurred to women ages 18 to 19 years old.

Perinatal care coordination, home visiting, and prenatal vitamins are offered through county PHN offices as early as possible in a woman's pregnancy. PHN staff members assist clients in applying for the PWP and refer them to Kid Care CHIP. Non-citizens are eligible only for emergency delivery services. PbC is available for EqualityCare-eligible women to extend family planning services. Kid Care covers family planning services for those eligible women up to age 19.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid), risk of substance use, and domestic violence to birth outcomes, preterm labor signs and symptoms, and importance of prenatal care.

MFH provides Capacity grants to county PHN offices for translation services, and to assist in the development, delivery, and evaluation of services.

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	0	2	0
Women 15 through 17	181	53	0
Women 18 through 19	508	115	0
Women 20 through	5767	829	0

34			
Women 35 or older	639	81	0
Women of all ages	7095	1080	0

Notes - 2011

Narrative:
Wyoming's population is primarily White, non-Hispanic. In 2008, 13.2% of live births occurred to women of Hispanic ethnicity.

MFH funds the expansion of Migrant Health services to provide translation, prenatal service support, and PHP to migrant workers.

Perinatal care coordination, home visiting, and prenatal vitamins are offered through county PHN offices as early as possible in a woman's pregnancy. PHN staff members assist clients in applying for the PWP and refer them to Kid Care CHIP. Non-citizens are eligible only for Emergency Delivery services. PbC is available for EqualityCare-eligible women to extend family planning services. Kid Care covers family planning services for those eligible women up to age 19.

MFH provides Capacity grants to county PHN offices for translation services, and to assist in development, delivery, and evaluation of services.

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	28	23	0	4	0	0	0	1
Children 1 through 4	9	8	0	0	1	0	0	0
Children 5 through 9	4	3	0	1	0	0	0	0
Children 10 through 14	8	6	0	2	0	0	0	0
Children 15 through 19	21	19	0	2	0	0	0	0
Children 20 through 24	40	36	1	2	1	0	0	0
Children 0 through 24	110	95	1	11	2	0	0	1

Notes - 2011

Narrative:
Wyoming's population is primarily White, non-Hispanic. Of children 0 through 24 years of age, 86.4% of deaths occurred among White children, and 10.0% of deaths occurred among American Indian children, although American Indian children only comprise 3.5% of the population. For

children of all races, 36.4% of deaths occurred among those 20 through 24 years of age, 25.5% of deaths occurred among infants less than one year of age, and 19.1% of deaths occurred among children 15 through 19 years of age.

Care coordination through the Best Beginnings perinatal home visitation program as well as the NFP Home Visiting model are offered to pregnant women and families through county PHN offices as a best practice strategy to assist in identification of high-risk pregnancies and decrease fetal and infant death.

MFH is the lead state agency for SKWW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH serves on the SKWW leadership team and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	28	0	0
Children 1 through 4	8	1	0
Children 5 through 9	4	0	0
Children 10 through 14	8	0	0
Children 15 through 19	21	0	0
Children 20 through 24	40	0	0
Children 0 through 24	109	1	0

Notes - 2011

Narrative:
Wyoming's population is primarily White, non-Hispanic. Of children 0 through-24 years of age, 0.9% of deaths occurred among Hispanic children, while these children comprise 10% of the population.

Care coordination through the BB home visiting program as well as the NFP Home Visiting model are offered to pregnant women and families through county PHN offices as a best practice strategy to assist in identification of high-risk pregnancies and decrease fetal and infant death.

MFH is the lead state agency for SKWW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH serves on the SKWW leadership team and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**	**Specific Reporting Year**
All children 0 through 19	143100	134717	1715	1212	241	137	5078	0	2008
Percent in household headed by single parent	27.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	3.6	0.0	0.0	0.0	0.0	0.0	0.0	3.8	2008
Number enrolled in Medicaid	52587	38398	1216	12467	244	73	0	189	2008
Number enrolled in SCHIP	8760	6095	67	344	44	24	132	2054	2008
Number living in foster home care	1438	1071	64	190	2	0	0	111	2009
Number enrolled in food stamp program	11008	9588	264	1102	24	18	0	12	2009
Number enrolled in WIC	9636	8612	141	268	28	25	444	118	2009
Rate (per 100,000) of juvenile crime arrests	4787.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	5.1	4.4	8.3	11.8	1.9	0.0	0.0	0.0	2008

Notes - 2011

Narrative:
Wyoming's population is primarily White; enrollees in service programs such as Medicaid, CHIP, Food Stamps, and WIC are also predominantly White. The percentage of high school (grades 9 through 12) dropouts for all races was 5.1% for 2007-2008. The percentage of high school dropouts among American Indians students was 11.8% compared to 4.5% among White students for 2007-2008.

In SFY 2009, 4.3%, or 397, of Wyoming Kid Care CHIP enrollees were American Indian/Alaskan Native, while 4%, or 326, were Hispanic or Latino and one or more races. Enrollment of other races included: Asian, 0.46% (42 enrollees); Black, 0.87% (80 enrollees); Native Hawaiian/Pacific Islander, 0.34% (31 enrollees); White, 67% (6194 enrollees); unspecified, 26.7% (2457 enrollees). Children of Hispanic or Latino ethnicity constituted 7% of enrollees, or 653 children.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to receive more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while non-documented non-citizens are ineligible. Families who have a CSHCN recipients are referred to MFH programs to determine eligibility for MFH services. Referrals continue to be shared confidentially among APS, Kid Care CHIP, DFS, and MFH.

MFH and PHN staff members follow-up with families who need to reapply annually for EqualityCare or Kid Care CHIP, which utilize the same application, streamlining the eligibility process. MFH collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients, providing care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide. MFH provides travel assistance benefits to all families eligible for MHR, NBIC, and CSH programs.

MFH and PHN staff members collaborate with WIC to refer families when care coordination reveals a child under the age of five with a BMI at or above the 85th percentile. PHN staff members refers families to Cent$ible Nutrition, for support and education related to purchasing and cooking nutritional food.

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**
All children 0 through 19	128970	14130	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	3.8	2008
Number enrolled in Medicaid	44473	8114	0	2008
Number enrolled in SCHIP	7759	1013	0	2008
Number living in foster home care	1268	170	0	2009
Number enrolled in food stamp program	9625	1371	0	2009
Number enrolled in WIC	6438	2648	179	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	4787.6	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	8.2	0.0	2008

Notes - 2011

Narrative:
Wyoming's population is primarily non-Hispanic, enrollees in service programs such as Medicaid, CHIP, Food Stamps, and WIC are also predominantly non-Hispanic. The percentage of high school (grade 9 through 12) dropouts for Hispanic youth was 8.2% in 2007-2008.

In SFY 2009, 4%, or 326, of Wyoming Kid Care CHIP enrollees were Hispanic or Latino and one or more race.
Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for

MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while non-documented non-citizens are ineligible. These families who have a CSHCN recipients are referred to MFH programs to determine eligibility for MFH services. Referrals continue to be shared confidentially among APS, Kid Care CHIP, DFS, and MFH.

MFH and PHN staff members follow-up with families who need to reapply annually for EqualityCare or Kid Care CHIP, which utilize the same application, streamlining the eligibility process. MFH collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients, providing care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide. MFH provides travel assistance benefits to all families eligible for MHR, NBIC, and CSH programs.

MFH and PHN staff members collaborate with WIC to refer families when care coordination reveals a child under the age of five with a BMI at or above the 85th percentile. PHN staff members refer families to Cent$ible Nutrition, for support and education related to purchasing and cooking nutritional food.
Translation and transportation services are available to MFH and EqualityCare eligible clients.

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	0
Living in urban areas	96128
Living in rural areas	51579
Living in frontier areas	0
Total - all children 0 through 19	147707

Notes - 2011

Narrative:
Wyoming is geographically the ninth largest state in the United States (US) with 97,670 square miles. It is bordered by six other states: South Dakota, Nebraska, Montana, Idaho, Utah, and Colorado. The 23 Wyoming counties, in addition to the WRR cover terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks along the Continental Divide, with each county larger than many East Coast states.

Wyoming is the least populous state with an estimated population of 544,270 in 2009. The population density of 5.6 persons per square mile categorizes Wyoming as a frontier state. The size and rural nature of the state, coupled with the sparse population, presents barriers to healthcare access.

With the largest city, averaging just over 50,000 people and with 70% of Wyoming's population living in counties considered rural or frontier, most people must travel for healthcare services. In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs. Because of the lack of specialty providers and travel barriers, MFH hosts specialty care clinics around the state and publishes a schedule of additional specialty clinics hosted by other organizations.

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	529488.0
Percent Below: 50% of poverty	3.2
100% of poverty	10.1
200% of poverty	26.0

Notes - 2011

Narrative:
There were significant decreases in the percent of Wyoming's population living below various levels of the FPL. The percent of people living at or below 200% FPL decreased from 29.6% in 2007 to 26.0% in 2008.

The percent of Wyoming's population living below 100% FPL decreased from 10.92% in 2007 to 10.1% in 2008, and the percent of Wyoming's population living below 50% FPL decreased from 4.94% in 2007 to 3.23% in 2008.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have better comprehensive healthcare coverage. MFH and PHN staff follow-up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring continued healthcare coverage. MFH participates with Kid Care CHIP in outreach with communities throughout the state, providing Wyoming residents information about available programs: MFH, EqualityCare, and Kid Care CHIP. In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

PHN refers families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	147573.0
Percent Below: 50% of poverty	4.6
100% of poverty	12.7
200% of poverty	27.7

Notes - 2011

Narrative:
In 2008, an estimated 4.6% of Wyoming's population aged 0 through 19 years was living below 50% of the FPL, 12.7% below 100% of the FPL, and 27.7% below 200% of the FPL. The percent of Wyoming's population aged 0 through 19 years living below 50% of FPL has decreased in a linear fashion since 2006 (p for trend=0.0506).

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while non-documented residents are ineligible. MFH and PHN staff follow-up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring continued healthcare coverage. MFH participates with Kid Care CHIP in outreach with communities throughout the state, allowing Wyoming residents to become informed about available MFH, EqualityCare, and Kid Care CHIP programs. EqualityCare and Kid Care CHIP utilize the same application, which is now available online, streamlining the eligibility process. MFH collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients. MFH provides services, such as care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

PHN refers families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

F. Other Program Activities

MFH provides seed grants for evidence-based conferences that are offered to nurses to keep up with recent research. Examples include the annual Butterfield Perinatal Update conference held in October, in Laramie, Wyoming or Fort Collins, Colorado; and the annual Community and School Health Pediatric conference, held in Denver, Colorado, with a video conference site in Casper, Wyoming. Scholarships are also offered to PHN and school nurses to encourage attendance at the conferences and/or video conference.

Scholarships are offered for various other educational opportunities for Wyoming nurses. When contracting for the recent Lamaze training, for example, MFH provided 30 scholarships for PHN and clinical nurses to attend trainings which were held in Gillette and Thermopolis, Wyoming.

MFH assists with registrations and travel, as needed, for PHN staff to attend the annual Association of Women's Health and Obstetrical and Neonatal Nurses (AWHONN) conference in Casper or Cheyenne, Wyoming.

MFH attends community educational events, advisory groups, and state association meetings at various locations throughout the state during the year. Examples include Safe Kids Day in Cheyenne, the Stand and Celebrate childcare provider conference, and the School Nutrition Conference in Casper, the Wyoming Medical Society Annual Meeting, Wyoming Special Quest, Laramie County Head Start, and the Mega Conference for adults and children with physical and intellectual disabilities, and their families held at different locations around the state. MFH staff members utilize these opportunities to network with other agencies and provide educational materials to families.

MFH has implemented the Parent Leadership Training Institute (PLTI), a program that offers empowerment and civics skills to support parents and families in making desired changes for children. The evidence-based curriculum, provided by the Connecticut Commission on Children's PLTI program, has proven positive outcomes for children, families, and the community. Wyoming partnered with Colorado to train four facilitators on the PLTI evidence-based curriculum, established the Laramie County PLTI Civic Design Team, and kicked off the first Wyoming PLTI class. Twenty-five parents applied, and were certified in the 20 week pilot class. This class is designed to bolster family involvement and leadership skills, while promoting the lifelong health, safety and learning of children. The cornerstones of the program are respect, validation, and a

belief that when the tools of democracy are understood, the public will become active participants in communities. The Laramie County pilot class will graduate in July 2010. MFH plans to continue limited support for the Laramie County initiative and implement PLTI in two additional counties in 2011.

G. Technical Assistance

MFH will be involved in strategic planning from spring 2010 through the fall of 2010. Barbara Ritchen and Joan Eden, retired MCH professionals from Colorado, are leading the process. Wyoming may request technical assistance for implementation of the strategic plan. With very limited staff, implementation of the wok plan must be focused and strategic. As good stewards of the resources that have been devoted to this process since 2009, MFH wants to ensure the implementation process is successful.

SPM 10
Technical Assistance to help MFH in thier efforts around building and strengthening capacity to collect, analyze and report on data for CSHCN is expected to increase MFH's understanding of the needs of CSHCN in the state. This information will drive programmatic decisions and allow CSHCN to receive the most appropriate care.
Dr. Michael Kogan

NPM 6
Wyoming State Priority 9 is to build and strengthen services for successful transitions for children and youth with special health care needs. MFH offers some resources to families in a variety of formats, but other transition data sources should be identified or developed. A much higher percentage of CSHCN are living into adulthood, and many have complex ongoing healthcare needs. Lack of preparation from transitional services makes CSHCN less likely to complete high school, participate in continuing education, gain employment, or live independently. Bonnie Strickland PhD

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2009		FY 2010		FY 2011	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
1. Federal Allocation *(Line1, Form 2)*	1268017	1256233	1256371		1256233	
2. Unobligated Balance *(Line2, Form 2)*	0	0	0		0	
3. State Funds *(Line3, Form 2)*	2572032	2572032	2572032		2572032	
4. Local MCH Funds *(Line4, Form 2)*	0	0	0		0	
5. Other Funds *(Line5, Form 2)*	0	0	0		0	
6. Program Income *(Line6, Form 2)*	0	0	0		0	
7. Subtotal	3840049	3828265	3828403		3828265	
8. Other Federal Funds *(Line10, Form 2)*	2124207	2145185	2108130		2145185	
9. Total *(Line11, Form 2)*	5964256	5973450	5936533		5973450	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2009		FY 2010		FY 2011	
I. Federal-State MCH Block Grant Partnership	**Budgeted**	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
a. Pregnant Women	439617	1355308	574261		1355308	
b. Infants < 1 year old	502117	280389	574260		280389	
c. Children 1 to 22 years old	831633	377025	1148521		377025	
d. Children with	1151970	1060653	1148521		1060653	

Special Healthcare Needs						
e. Others	0	218836	0		218836	
f. Administration	914712	536054	382840		536054	
g. SUBTOTAL	3840049	3828265	3828403		3828265	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	94644		94644		94644	
c. CISS	138000		103500		140000	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	0		0		0	
g. WIC	0		0		0	
h. AIDS	0		0		0	
i. CDC	0		0		0	
j. Education	0		0		0	
k. Other						
PRAMS	130813		149236		149791	
TANF	0		1760750		1760750	
TANF Home Visiting	1760750		0		0	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2009		FY 2010		FY 2011	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
I. Direct Health Care Services	904000	762395	727397		762395	
II. Enabling Services	628759	112497	574260		112497	
III. Population-Based Services	388087	724879	574260		724879	
IV. Infrastructure Building Services	1919203	2228494	1952486		2228494	
V. Federal-State Title V Block Grant Partnership Total	3840049	3828265	3828403		3828265	

A. Expenditures

After the HRSA Performance Review, FY2009 expenses were realigned to comply with federal funding guidance. Budget amounts prior to FY2009 were based on estimated expenses. Therefore, figures reported prior to FY2009 will not be comparable to FY2009. From FY2009 forward, financial reports will include actual expenses with MFH maintaining extensive documentation.

Due to budget cuts at the state level, we were required to factor in state nusing time and funds to cover the budget reductions and maintain our commitment to the program.

Availability of actual PHN hours provided the opportunity to allocate funds more effectively reflecting the actual activity of nursing staff.

B. Budget

After the 2009 HRSA Performance Review, Wyoming's budgets were realigned to more accurately reflect federal and state expenses, expenses by population group, and expenses by pyramid level. Title V funds are currently spent with 41.5% spent for CSHCN, 30% spent for preventive and primary care for children, 18.5% spent on perinatal services, and 10% spent for administration. Administrative funds are primarily spent on salaries related to program administration. The state funds required for maintenance of effort come from a mixture of state general funds and nursing services paid through the state.

Budget amounts prior to FY2009 were based on estimated expenses. Therefore, figures reported prior to FY2009 will not be comparable to FY2009. From FY2009 forward, financial reports will include actual expenses with MFH maintaining extensive documentation.

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

For the detail sheets and objectives for the state performance measures developed from the 2010 needs assessment, refer to TVIS Forms, Form 11 and Form 16 under the section “New State Performance Measure Detail Sheets and Data.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.